

Agenda

Salford Locality Board

Date: 22 June 2023

Time: 9.00am to 12.00pm

Venue: Salford Suite, Civic Centre & Microsoft Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	9.00	5 mins	Welcome, Introductions and Apologies	Verbal	Discussion	Chair
2.	9.05	5 mins	Patient Experience Story	Verbal	Information	Engagement Officer
3.	9.10	5 mins	Declarations of Interest	Verbal	Discussion	Chair
4.	9.15	10 mins	Minutes of Previous Meeting, Action Log and Matters Arising	Paper	Approval	Chair
5.	9.25	15 mins	Regular Reports a) Place-Based Lead Report	Paper	Information	Place-Based Lead & Delivery Director
	9.40	15 mins	b) Health & Wellbeing Report	Verbal	Information	Director of Public Health & Wellbeing
	9.55	20 mins	c) Planning Update	Paper	Information / Assurance	Delivery Director
6.	10.15	30 mins	General Items VCSE Contracting Arrangements and Risks to Sector	Presentation	Discussion	Chief Executive, Salford CVS
7.	10.45	5 mins	Members Updates System Partner Updates	Verbal	Information	All
8.	10.50	5 mins	Any Other Business	Verbal	Discussion	All
9.	10.55		Date and time of next meeting: 27 July 2023 9am-12pm			

Minutes

Salford Locality Board

Date: 25 May 2023

Time: 9.00am to 12.00pm

Venue: Salford Suite, Civic Centre & Microsoft Teams

Present	Apologies
<ul style="list-style-type: none"> • Tom Regan, Associate Medical Director (TR) (Chair) • Muna Abdel Aziz, Director of Public Health (MAA) • Ian Boyle, Chief Finance Officer, NCA (IB) • Jim Cammell, Lead Member for Children’s and Young People’s Services (JC) • Melissa Caslake, Executive Director for Children’s Services, Salford City Council (MC) • Sam Cook, Chief Executive - Healthwatch (SC) • Lisa Dickinson, Chief Executive, Aspire (LD) • Hannah Dobrowolska, Salford Locality Team Delivery Director (HD) • Harry Golby, Associate Director of Delivery and Transformation, Salford Locality Team (HG) • Bill Hinds, Lead Member for Finance and Support (BH) • Aneet Kapoor, Wider Primary Care Sector Representative (AK) • Pierina Kapur, Primary Medical Services Representative (PK) • Tara Kearney, Director of Integration – SCO (TKe) • Tracy Kelly, Statutory Deputy City Mayor (TK) • Maggie Kufeldt, Interim Executive Director for Adult Social Care & Health Partnerships, Salford City Council (MK) • John Merry, Deputy City Mayor & Lead Member for Adult Services, Health & Wellbeing (JM) • Diane Morrison, Director of Finance, Salford Care Organisation (DM) • Mandy Philbin, Chief Nursing Officer, NHS GM (MP) • Lynne Stafford, Chief Executive, Gaddum (LS) • Tom Stannard, Place-Based Lead/Chief Executive SCC (TS) • Sapna Tandon, Primary Medical Services Representative (ST) • Claire Vaughan, Associate Director of Clinical & Care Professional Leadership, Salford Locality Team (CV) 	<ul style="list-style-type: none"> • Paul Dennett, City Mayor • Alison Page, Chief Executive, Salford CVS • Hannah Robinson-Smith, Executive Support Member for Social Care and Mental Health • Michelle Williamson, Associate Director of Quality & Safety, Salford Locality Team



<ul style="list-style-type: none"> • Elaine Vermeulen, Associate Director of Finance, Salford Locality Team (EV) • John Walker, Associate Director of Operations – GMMH (JW) • Elaine Redwood, Personal Assistant, Salford Locality Team (Minutes) (ER) • Di Critchley, Engagement, Inclusion & Development Team - Salford (Item 2 only) (DC) • Kate Berry, Service Manager Early Help, SCC (Item 6c only) (KB) 		
Item No.	Topic	Action
1.	<p>Welcome, Introductions and Apologies TR welcomed everyone to the meeting and the above apologies were noted.</p>	
2.	<p>Personal Experience Story A lived experience from someone who went through A&E and was fast tracked to another service.</p>	
3.	<p>Declarations of Interest TR reminded board members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Locality. None were declared at this point though they arose later in the meeting and were managed accordingly.</p>	
4.	<p>Minutes of previous meeting, Action Log and Matters Arising The minutes of the meeting held on 27 April 2023 were agreed as accurate.</p> <p>MC requested a change to the order of the agenda, as she needed to leave early. It was agreed to move the Family Hubs item to take place next.</p> <p>It was noted that there was one ongoing action on the log and this was Action 26 - in relation to voluntary sector representatives being interviewed as part of the Carnall Farrar work. This will be picked up under the Place Based Leads report.</p> <p>There were no matters arising.</p>	
6	<p>c) Family Hubs and Start for Life Programme Implementation An overview of the report was provided which included a summary of the national Family Hubs and Start for Life Programme, set out progress made to date and the next steps to implement Salford's programme delivery plan.</p> <p>The Board discussed the need to consider how we access hard-to-reach groups to ensure they are included in the programme. It was noted that a lot of work had been done around this at the Broughton Hub. Hershel Wise are also looking at expanding their hub. The Early Help team are also working with Salford CVS on this. LS highlighted that CVS run a Salford Carers Service and KB will link in with the service manager on this.</p> <p>It was agreed this was good news for Salford and one of the reasons it was selected was due to Salford being quite far ahead with Family Hubs. The integrated partnership is also an advantage. There was some concern around the GM cost pressures and that these may have an impact on the progress going forward. It was noted that the co-funding of this, along with the additional DFE money will help with the programme going forward.</p>	

	<p>The next phase of the programme is around service development. There is also a lot of learning to be gained from this during Phase 1, with the possibility of exploring options for collaboration and co-location.</p> <p>LD mentioned it is great to see the engagement with the VCSE, but also highlighted that they have parent and children work in the faith sector and it would be useful for them to be linked into this work.</p> <p><i>The additional funding was welcomed and the group were happy to continue to support the ongoing Family Hubs work programme.</i></p>	
5.	<p>Regular Reports</p> <p>a) Place-Based Lead Report</p> <p>TS gave an overview of the report, which provided members with a summary of local and national policies, strategies, and relevant news to ensure that members of the board remain up to date on the latest developments relevant to the health and care sector in Salford. This included the development of a Greater Manchester Mental Health Strategy, details of the Tier 1 Improvement Support, an update on the Price Waterhouse Cooper and Carnall Farrar reports, details of celebrations for the NHS' 75th birthday and the COVID Vaccination Programme.</p> <p>CM raised a couple of issues. One was in relation to concern around the future of the Locality Boards from documents which he had read and the other was around potential measles cases in Salford. In relation to the first point, TS stressed the importance of the Board and all the work which had been done to date and he explained that the Board will continue to meet and be a key part of the GM operating model. In relation to the second point, it was noted that a lot of engagement/community outreach and prevention work is already being done around this. Extra vaccination clinics have also been organised.</p> <p>BH highlighted the need to defend locality working, as the public are not aware of what the Locality Board are doing. He highlighted that more people are becoming anti-vac and we need to encourage people to get their children vaccinated.</p> <p>MP raised a concern around the language being used around the governance review. She mentioned that the governance review is around effective decision making. Integration is front and centre of the ICS and therefore Locality Boards are central to this. The ICS needs to make governance easier and more effective with more delegation to Locality Boards which supports good governance and uses accurate data in order to make appropriate decisions.</p> <p>CM highlighted that this was reassuring and, although we are part of the ICS, we are unique in Salford in that money comes from both the Council and NHS , and delivery is taking place at a local level.</p> <p><i>Locality Board members were asked to:</i></p> <ul style="list-style-type: none"> <i>• engage in the development of the Mental Health Strategy</i> <i>• engage in the Tier 1 Improvement Support</i> <i>• note that an update on the Carnall Farrar and Price Waterhouse Cooper reports will be brought to a future meeting in order to provide a collective response from the Board</i> <i>• engage with the NHS 75 engagement exercise around the future positioning of the NHS</i> <i>• note the progress made around the Spring COVID Vaccination Programme</i> <p><i>The Board noted the contents of the report and the requests for engagement.</i></p>	

b) Provider Collaborative Board Report

TKe explained that the paper provides an update on items presented to the Provider Collaborative Board and any relevant decisions made. She mentioned that the Board had discussed the future of Community Diagnostic Centres and possible funding options going forward. She will provide an update to the Locality Board when available. They also discussed and approved the Urgent and Emergency Care Fund.

It was noted that there has been a change to the chair of the PCB in that MC and MK have taken over the co-chair role from Charlotte Ramsden. TKe mentioned that she will also be stepping down as co-chair from September and therefore this will go out to Expressions of Interest in due course.

TKe mentioned that the Provider Board will need to change its remit slightly, as a result of the stakeholder evaluation which was undertaken recently. It needs to focus on delivery. Further details of this will be provided to Locality Board in due course.

TR thanked TKe for the work she had done on the Provider Board.

Locality Board members noted the contents of the report.

c) Quality of Health and Care Services Report (including Draft Quality Strategy)

The paper provided information and analysis on the quality metrics used by the Salford Quality and Safety Team to gain an understanding of quality and safety issues at place level to ensure high quality, personalised and equitable care is available to all our Salford people.

HD presented the paper on behalf of MW. She mentioned that she had discussed the frequency of reporting on Quality to the Locality Board with MW, as the Locality Quality Group meets on a quarterly basis. Therefore she proposed that reporting to Locality Board also changes.. ***The Board agreed to move to quarterly quality reporting.***

HD talked through the key points of the paper and mentioned that there were a number of Serious Untoward Incidents included in the report. It was noted that action plans are in place for these. The paper also covers patient safety themes from general practice. The first meeting of the Safety 60 group (GPs and patient safety leads) has taken place and was deemed successful. Other areas of the report covered Immunisations, Cancer Screening and that Healthwatch had completed a GP survey

HD highlighted that the GM Quality Strategy is out for consultation. The document had been brought to Locality Board to ensure commitment to the direction of the strategy. HD explained that it is nearing the end of the consultation, but she was happy to receive any comments today and feed them back.

LD highlighted that the VCSE is uniquely positioned to provide intervention on the uptake of vaccines and suggested that they could be used to increase education on this. TR mentioned the need for a way to recognise the risk of long waits for patients (due to pressures in the system) and the harms that might come as a result. HG agreed and mentioned that discussions have already taken place around child wellness at the Health & Wellbeing Board. A project had been proposed to review those that are on the waiting list and Debbie Blackburn is leading on this. It was agreed that a report on progress around this should be brought to a future Locality Board meeting.

The Board noted the contents of the report and members are to provide any feedback on the GM Quality Strategy to HD for collation.

d) Strategic Performance Report

HG explained the purpose of the paper was to provide the Locality Board with assurance and scrutiny regarding Salford’s position in relation to key NHS strategic performance indicators, and an overview of Salford’s “patient flow“ trajectories for 2023/24 which form part of the Locality’s response to a diagnostic into the drivers of operational and financial challenges of the Greater Manchester Integrated Care System.

HG explained that, following the Price Waterhouse Cooper review, three broad themes had been identified. Provider Collaboration Board will look at these first, then NHS GM will look at strategic commissioning leadership. Localities will then look at patient flow in and out of hospital.

HG explained that there were already programmes planned for these areas. We need to ensure the programmes are focused with the right resource and that they achieve what is expected of them. In Salford, the ask is largely around referral into elective care. It is proposed that the Service Improvement Team will take this forward in-year. The paper had been brought to Locality Board in order that they can have sight of the trajectories and to request their support for the proposed direction they are taking.

HG explained that there is a new proposed dashboard, which is helpful and shows the areas for Localities to be asked to have accountability on. It also shows other areas where GM will focus on as a system. HG will provide an update in the next report.

The Board agreed the recommendations.

e) Finance Report

EV highlighted that the report is in two parts - the first was around the finalised outturn for 2022/23 (the finalised position for the Integrated Fund was a £10.1m deficit). The reasons for this have not changed since the last report and the majority was around Children’s Services. For Locality in-view services, the planned position was £900k surplus expected.

The second part of the paper provides details of the 2023/24 plan. Salford submitted a balanced plan, but there are still some significant risks to this. Some savings schemes had been identified at the time. However, other savings targets may have an impact on the Locality (i.e. the corporate budget and potential savings around Medicines Optimisation). Discussions are ongoing around these areas.

EV explained that the last report to Locality Board presented high level assumptions for 2023/24 and this report provides a summary of the assumptions and the details. The team will start reporting on this financial year at the end of May and the first Finance report will come to Locality Board in July. Section 6 sets out risks.

TS highlighted it is a challenging position around the budget and the difference in relation to the planned overspend and actual is a concern. He highlighted section 4.4 of the report makes reference to a new PMO Office to supervise the recovery strategy for GM and he stressed the need to make sure Salford has got adequate engagement into the process. In particular, the issues around the Integrated Fund and where we have agreed a tolerable level of overspend. This needs to be properly represented in the narrative. EV doesn’t anticipate any issues with this, as the PMO will need to meet with each Locality as part of the process.

	<p>PK voiced concern around GM and Locality pressures, as she is worried that any cuts to Primary Care will see job losses and decrease access for patients. TR stressed that high quality Primary Care leads to a more efficient service to patients. EV mentioned that a review of Locally Commissioned Services in primary care has started at GM and she has been involved in this from a Locality point of view.</p> <p>HD informed the Board that there are ongoing discussions around local work to understand the financial performance in all areas to look to bring these pockets of work into an overarching picture and this will help present an overall picture to Locality Board.</p> <p><i>The Board noted the contents of the report.</i></p>	
6.	<p>General Items</p> <p>a) Community Pharmacy Focus</p> <p>CV explained that she had brought the paper as Locality Board had been keen to discuss Community Pharmacy. She explained that Community Pharmacy makes up one of the four pillars of the primary care system in England and has been delegated to the NHS GM to manage. Details of how GM discharge these responsibilities was been included in the paper.</p> <p>There has been a lot of information around provision of Pharmacies in the press recently and the report focuses on this and oversight in each area. A responsibility of the Health & Wellbeing Board is to undertake a Pharmacy Needs Assessment and the paper gives a summary of the most recent assessment. Two areas have been identified as requiring more provision. The team are currently reviewing this with the Public Health team and also any planned new closures, to take a view as to whether the assessment needs reviewing.</p> <p>Challenges and mitigations are also detailed in the report, with the two main areas being workforce and increased demand. We are working as a system to mitigate these challenges. CV highlighted that an announcement had been made 10 days ago around the recent delivery plan for Primary Care and a much needed increase in funding for pharmacies. There will be a Pharmacy First scheme introduced.</p> <p>The new scheme is welcomed, but there are challenges facing the sector, especially in relation to capability and capacity to deliver these services. It was noted that the current contract had been agreed over 5 years, before COVID and the Cost of Living increases, which has led to some closures. Drug costs have also increased. The workforce pressures are a priority. Pharmacy First is a welcome announcement as it acknowledges the issue of the funding. However, more details are needed about the scheme.</p> <p>PK highlighted that, from a PCN point of view, they are mandated to employ the additional roles and most have employed Community Pharmacists for this purpose. This has had a detrimental effect on the community workforce when trying to care-navigate patients into the community sector. Another issue has been encountered (especially in Irlam) around dispensing medicines. There is a need to consider the impact of Pharmacy First on this. PCNs would value local Community Pharmacy reps to attend their PCN meetings to engage on issues affecting both sectors.</p> <p>CV acknowledged the pressures and co-dependency and highlighted the need for a place-based response. CV highlighted that the national announcement about the scheme includes a national communications campaign to change people's approaches when seeking help.</p>	

	<p>The impact of online pharmacies was also discussed. CV highlighted that she receives data on these and we have three Distant Selling Pharmacies in Salford who deal with approximately 10,000 items per month. People are choosing to use them as they are sometimes more convenient for them. ST mentioned that there had been some feedback from General Practice to say that patients want to move away from online services. CV mentioned that there was an issue where Pharmacy nominations had not been changed, but she believed this to have been resolved. Action: CV to check on the pharmacy nominations issue.</p> <p>MAA highlighted that Primary Care and pharmacy are the front line, especially around Core20 PLUS 5. We need to make sure all pharmacies in Salford take up these offers despite the huge workforce pressures that we need to turn around.</p> <p><i>The Board noted the contents of the report.</i></p> <p>b) Greater Manchester Primary Care Blueprint Engagement At its meeting in April 2023 the Locality Board received an update regarding the development of the Greater Manchester Primary Care Blueprint. Since then, the first draft had been received and the Board had agreed that it should be brought back in order to provide a collective response. HG will collate any comments from members of the Board and also include the comments made in discussion around pharmacy.</p> <p><i>Locality Board members were asked to feed any comments to HG to collate for the Board's collective response.</i></p> <p>d) Urgent & Emergency Care (UEC) Recovery Fund HG highlighted that there is a conflict of interest for some members of the Board as the paper includes a proposal for investment into all parts of system. TR handed over chairing of meeting to TK. It was agreed that members with conflicts could take part in the discussion, but should not take part in the decision-making process.</p> <p>HG explained that the paper outlines plans to utilise the UEC Recovery Fund as recommended by Provider Collaborative Board following a review of the proposed schemes and the known impact of existing schemes funded in winter 2022. He highlighted that the final figure had not yet been confirmed and that the plans had been submitted, but not yet been responded to by GM.</p> <p>HG explained that the approach taken looks at the cost to the system and if things are helping the system, then they will keep on doing them. PCB recognised the contribution from different parts of the system. The funding has not yet been confirmed, but some schemes are already running. This isn't believed to create a risk to the system. The paper proposes an overall approach.</p> <p>MC highlighted it would be helpful to see the impact of the 2022/23 schemes and how they have performed via a performance matrix. HG agreed that this should be done. This was discussed at PCB and it was noted that, due to the way some parts were established last year, there may not be the same level of monitoring for all of the schemes. However, he would be happy to bring the information from last year to Locality Board. HD noted that it is good to see the breadth of schemes in these proposals.</p> <p><i>The Board approved the recommendations.</i></p> <p>e) Extended Primary Integrated Care Model (EPiC 24) Review The paper presented an updated review of the EPiC 24 model alongside options for consideration regarding continued support for the model. As the paper presented</p>	<p>CV</p> <p>ALL / HG</p>
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	<p>conflicts of interest to some members in the room, TK took over the chairmanship. It was agreed that those concerned could stay in the room for the discussion though not be involved in the decision.</p> <p>HG explained that the report seeks a decision around the future of the model. It is known that the urgent care system has lots of points of access and people need a Primary Care response and clinicians want to provide the best care for patients. Salford needs a model in Primary Care to ensure patients receive the Primary Care response which is needed. The EPiC model has demonstrated patients can get a Primary Care response and clinicians are happy to transfer care to EPiC.</p> <p>It has taken a while to build up trust in the model. EPiC takes demand from A&E, 111 etc to one point where there is a Primary Care response. The model doesn't work by referring to a GP practice and care is provided there and then. Salford agreed to invest in this via a Business Case some years ago and it has been a pilot ever since. It is believed that now is the right time to make it a substantive feature of the urgent care system. HG was therefore seeking the Locality Board's support that the EPiC model is the right model and therefore they can continue in the pilot phase until they procure the model on a long-term basis.</p> <p>It was recognised that the model is not perfect, but the broad model is the right one. A lot has been learnt over the 5 years of its existence and it will adapt to future needs/requirements.</p> <p>Option 2 was the recommended option from the Service and Finance Group. Option 2 was to commission EPiC 24 model longer term based on current delivery/cost. Alternative options considered but not recommended were not to commission EPiC and to commission an enhanced EPiC service. These options were not recommended.</p> <p><i>The Board supported option 2 and the need to extend the pilot (up to 12 months) to allow for procurement, with mobilisation taking place before that.</i></p>	
7.	<p>Members Updates TR resumed chairmanship.</p> <p>JW highlighted that there had been some organisational change within GMMH. Neil Thwaite is leaving as CEO in July and his replacement will be Jan Ditheridge. Maria Nelligan will pick up Gill Gibson's role and attend this meeting in the interim.</p>	
8.	<p>Any Other Business None</p> <p>Meeting closed at 11.16 am</p>	
9.	<p>Date and time of next meeting: 22 June 2023 9am-12pm</p>	

Actions Log: Salford Locality Board

No	Date	Section	Details of the issue	Details of action agreed	Action Lead	Status	Further Detail
29	25/05/2023	Greater Manchester Primary Care Blueprint Engagement	At its meeting in April 2023 the Locality Board received an update regarding the development of the Greater Manchester Primary Care Blueprint. Since then, the first draft had been received and the Board had agreed that it should be brought back in order to provide a collective response. HG will collate any comments from members of the Board and also include the comments made in discussion around pharmacy.	Locality Board members were asked to feed any comments to HG to collate for the Board's collective response.	ALL / Harry Golby (22/06/23)		16/06/23: Ongoing. HG will submit the response on behalf of the Locality Board.
Completed at Previous Meeting (Audit Trail)							
26	27/04/2023	5a. Place-Based Lead Report	AP asked where Carnell Farrer are up to with the GM review of governance and leadership, and noted that they have not interviewed anyone from the VCSE sector across Greater Manchester. TS said he will raise this issue as he felt this should have happened, so will pick this	To check on interviews with VCSE sector for Carnell Farrer report	TS		18/05/23: ongoing, verbal update to be provided in the meeting 25/05/23: Covered under PBL Report. Close
28	25/05/2023	Community Pharmacy Focus	ST mentioned that there had been some feedback from General Practice to say that patients want to move away from online services. CV mentioned that there was an issue where Pharmacy nominations had not been changed, but she believed this to have been resolved.	CV to check on the pharmacy nominations issue.	Claire Vaughan (22/06/23)		13/06/23: On discussion with the GM team specific incidents are required to submit a Pharmacy incident and concerns proforma relating to this issue.

Salford Locality Board
22 June 2023
5 (a) - Place-Based Lead Report

Item for: Decision/Assurance/Information

Report of:	Place-Based Lead & Delivery Director	
Date of Paper:	8 June 2023	
In case of query, please contact:	Gina Magson Gina.magson@nhs.net	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	✓
	Adult Services	✓
	Children's and Maternity Services	✓
	All Age Mental Health	✓
	Primary Care	✓
	Enabling Transformation	✓
Purpose of Paper:	<p>This paper provides a summary of local and national policies, strategies, and relevant news to ensure that members of the Salford Locality Board remain up to date on the latest developments relevant to the health and care sector in Salford.</p>	

Further information

How will this benefit the health and wellbeing of Salford residents, or the ICS?	By ensuring that members of the Locality Board are aware of the most up-to-date information available
How does this paper address health inequalities and promote inclusion?	N/A
What risks may arise as a result of this paper and how will they be mitigated?	N/A
Does this address any existing high risks facing the organisation and how does it reduce them?	N/A
Are there any possible conflicts of interest associated with this paper?	As decisions made may affect provider organisations represented on this board, conflicts of interest are not entirely avoidable, and will be managed in line with NHS GM policy.
Will any current services or roles be affected by issues within this paper and what are they?	N/A

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	N/A
Has there been Clinical Engagement?	N/A
Has the impact on Salford socially, economically and environmentally been considered?	N/A
Has there been an analysis of any impacts on equality?	N/A
Has legal advice been obtained?	N/A
Has this been to any groups or committees for engagement, comments, or approval?	Approved by: The Place Based Lead and Deputy Place Based Lead on 16 June 2023

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

Place-Based Lead Report

1. Executive Summary

This paper provides a summary of local and national policies, strategies, and relevant news to ensure that members of the Salford Locality Board remain up to date on the latest developments relevant to the health and care sector in Salford.

2. Greater Manchester Updates

2.1 GM Leadership and Governance Review

The Carnell Farrer report that has been mentioned to the Board in previous meetings has now been finalised and published, it is included at appendix ?. The message below was shared by Mark Fisher, NHS GM Chief Executive in relation to the report:

As some of you will be aware, some months ago we commissioned an independent piece of work to look at our leadership and governance in Greater Manchester Integrated Care System (ICS). We wanted to gather views from across our large and complex system to better understand how we might make our longstanding journey of partnership and collaboration as effective as possible under the new statutory arrangements.

I'm pleased to say more than 200 senior leaders, including a number of you, took the time to give us feedback and I'd like to thank everyone for that; we now have the final report, which is immensely helpful and will be key to shaping our collective future. I wanted to share the results with you at the earliest opportunity so attach a summary of the findings and recommendations. I am more than happy to share the full report should anyone wish to see it.

It's true that this does offer some challenging findings, but we must remember we are early in the establishment of the Integrated Care Board and ICS in its new statutory footing. We are making good progress and what this gives us is a clear agenda for our ongoing development and a continuing upward trajectory.

It's important to me that our NHS GM staff are involved in this work so in the coming weeks, as we develop our action plan, we will also be thinking through how we make that happen.

As agreed at the last Locality Board, Salford intends to draft a letter to NHS GM in response to both this report and the earlier report on the financial and performance position undertaken by Price Waterhouse Cooper. This will be shared with Locality Board.

2.1 NHS GM Staff Consultation

This three-month consultation finished at the end of May, and the process for filling posts is being consulted on until the end of June. It is anticipated that final structures will be shared in July and staff will be informed of individual implications for them shortly after. Salford has responded to the comments made in relation to the draft



locality team structure. A number of changes will be made to the structure in the final version, in response both to the consultation feedback and the updated corporate budget position. The budget position has not been finalised, however we believe that the full structure consulted on will not be affordable, and we are therefore considering all teams across the Locality team in how we resolve this.

3. Salford Updates

3.1 Young People and Vaping

Over recent years the use of electronic cigarettes/vapes has grown nationally, and alongside this the evidence base in relation to the use of these products has also. The evidence says that e-cigarettes are 95% safer than smoking, for a period of 1-2 years, there is no current evidence in relation to long-term use. The evidence focuses on the use of e-cigarettes as an aid to stop smoking and the messages around this needs to be very clear, that vaping is not recommended for those who do not smoke.

Smoking remains the biggest single cause of preventable illness and death, and e-cigarettes are not only the preferred quit aid for smokers looking to stop, but they are also proven to be the most effective aid currently on the market.

Meanwhile the use of vapes amongst young people is visibly growing, with the percentage of 11-17 year olds, who regularly vape doubling from 3.3% in 2021 to 7% in 2022. Action on Smoking and Health (ASH) can be found here: [ASH: Use of e-cigarettes amongst young people](#)). Trading Standards Northwest have included questions on vaping in their young persons survey this year. This reports 14% of Salford's young people surveyed have vaped more than once a week, compared to 4% in 2020. Alarmingly this rises to approximately 21% amongst 15-year-old girls. The survey also found smoking rates of 14–17-year-olds at 6%, the lowest level recorded. There is no current evidence to suggest vaping is a gateway to smoking. However, more research needs to be undertaken in this area.

In April 2023, there was a ministerial announcement in relation to the Government's ambition for England to be smoke free by 2030. This included proposals in relation to both smoking and youth vaping. Part of the announcement was a call for evidence in relation to young people and vaping, this closed for submissions on 6 June 2023, and we now await the outcome.

The [regulation on vaping](#) is clear, yet this is not being adhered to on a significant scale as media outlets are often publishing stories relating to illicit products and youth vaping, such as those recently from [Bolton](#) and [Kidderminster](#). It is important to note that Salford has an active Trading Standards Team, regularly seizing illicit vapes as well as combating under aged sales.

In addition the following Youth Vaping Toolkit has recently been sent to all Salford schools and wider partners who engage with young people;
<https://makesmokinghistory.co.uk/resources-on-youth-vaping/>.

The proposals put forward by ASH to help tackle the current issues are;

Reducing appeal of vapes to children by:

- Taxing disposable vapes which are the cheapest and most popular vape for children.
- Stricter regulation of advertising and promotion, particularly at point of sale in shops.
- Stricter regulation of packaging, labelling and product design features (e.g. prohibiting cartoon characters; product names associated with sweets; and design features such as “light up” vapes).

Reducing underage access to vapes by:

- Better funding for enforcement using Medicines and Healthcare products Regulatory Agency (MHRA) e-cigarette notification fees.
- Putting vapes behind the counter.
- Mandatory age verification in shops for anyone looking under 25.
- Prohibiting free distribution (currently legal to anyone of any age).

<https://ash.org.uk/resources/view/ash-brief-for-local-authorities-on-youth-vaping>

3.2 Disposable Vapes and Flavours

[ASH](#) report that 70% of under 18's who vape do so using a disposable (single use) device. These products appear to be marketed at young people, as they're often brightly coloured, with names and flavours associated with children's sweets, and they are cheap at under £5 compared to refillable devices. This has led to the [Royal College of Paediatrics and Child Health](#) calling for a ban on disposable vapes.

There have also been calls for banning flavours in vaping products. However, there is evidence from Kings College London that flavours help people to sustain a quit. In addition, there is evidence from the US where some states have implemented flavour bans which shows an association with adults returning to smoking and young people starting smoking.

Meanwhile their impact on the environment and their disposal results in litter, plastic waste and fire risk if damaged on disposal, as well as potentially containing more than the legal limit of nicotine or number of puffs.

It is worth pointing out that for adults, disposable vapes do have a place in the market, for vulnerable adults in particular. As the disposable vapes do not need to be refilled or recharged, they're easier to use, supporting elderly smokers or those with dexterity issues or learning disabilities to make quit attempts. Also, by working with Greater Manchester Mental Health (GMMH) to launch a smoke free offer at Meadowbrook Mental Health Unit, these patients require disposable devices from both a health and safety and harm reduction perspective.

The key point to note is that smoking is the single biggest cause of health inequalities. It is estimated to be responsible for half of the difference in life expectancy between the richest and poorest in society. Whilst we have known of the dangers of smoking for many years, in Salford almost 40,000 people still smoke. As a result, there is a plan to introduce vaping into Salford's smoking cessation offer later in the year. The principles that underpin this are that e-cigarettes are the preferred quit aid for smokers and that if we supply the product, we have greater assurances that it meets the regulatory requirements.

It' is acknowledged that we need to get the balance right in our public messages. Dr Jeanelle DeGruchy, Deputy Chief Medical Officer for England summarised the position well, as she stated;

*“If the choice is between smoking and vaping, choose vaping.
If the choice is between vaping and fresh air, choose fresh air.”*

3.3 Blood Borne Virus Opt out testing in Salford Emergency Department

Salford is an extremely high HIV prevalence Local Authority. In 2019, the newly diagnosed with HIV rate in Salford was 88% higher than the England rate and more than double the North West average. The opt out testing in emergency departments aims to identify, and link care those people with HIV infection who were unaware of their diagnosis or had become disengaged with care. The number of people diagnosed at a late stage of HIV infection in England is 42% of all new diagnoses. Those with a late diagnosis in the UK in 2020 were 17 times more likely to die within a year of their diagnosis, compared to those who were diagnosed promptly.

Salford, due to its extremely high prevalence was selected to be the first 34 sites to roll out in the UK. Unfortunately, HIV opt out testing is over a year behind schedule. All other 33 extremely prevalence areas have rolled out and part of the 100-day study as reported in the Lancet. Opt-out HIV testing in the UK - The Lancet HIV. The first 100 days study highlights that opt out testing improves mortality and morbidity, prevents onward transmission but has significant cost savings to the NHS. Delays are due to the laboratory retender and capacity. A project plan is place and the Northern Care Alliance (NCA) is working to a go live date of 2 October 2023.

Opt out testing for Hepatitis C is due to commence by March 2024. Clarification is being sought on timescales and financial envelope for Hepatitis B testing. Salford City Council are supporting the delivery of both the National HIV and HEP C plans through its commissioned services and statutory duty to protect their population. Public Health is also supporting the project and steering groups both at a Salford and Greater Manchester level for opt out testing.

4. Recommendations

4.1 The Salford Locality Board is asked to:

- note the contents of the report.

Tom Stannard
Chief Executive, Salford City Council
Place Lead for Health and Care Integration, Salford

Hannah Dobrowolska
Delivery Director for Health and Care Integration

Salford Locality Board
22 June 2023
Item 5 (c) - Planning Update

Item for: Decision/Assurance/Information

Report of:	Delivery Director	
Date of Paper:	05 June 2023	
In case of query, please contact:	Emma Reid e.reid1@nhs.net	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	✓
	Adult Services	✓
	Children's and Maternity Services	✓
	All Age Mental Health	✓
	Primary Care	✓
	Enabling Transformation	✓
Purpose of Paper:	<p>The purpose of this paper is to provide the Locality Board (LB) with an update on the latest position in relation to priority setting; national, regional and local planning requirements and the latest position in relation to the annual planning process in Salford.</p>	

Further information

How will this benefit the health and wellbeing of Salford residents, or the ICS?	Strategic annual planning is vital to ensure we continue to plan for the future needs of our population. We must continue to provide assurance of our delivery against those plans by managing our performance and risks effectively and by reporting timely, accurate information to our stakeholders. This report provides a high-level summary of Salford locality's latest position in relation to the annual planning process.
How does this paper address health inequalities and promote inclusion?	Not Applicable.
What risks may arise as a result of this paper and how will they be mitigated?	None.
Does this address any existing high risks facing the organisation and how does it reduce them?	Although this paper does not seek to specifically address any existing high risks, it is hoped that by providing focussed assurances around progress against our plans and risk information, the Salford locality will be better placed to manage its strategic risks.
Are there any possible conflicts of interest associated with this paper?	None
Will any current services or roles be affected by issues within this paper and what are they?	All Salford locality roles and services are affected by the way in which we develop, manage and report progress on our strategic priorities.

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	Not Applicable
Has there been Clinical Engagement?	Not Applicable
Has the impact on Salford socially, economically and environmentally been considered?	Not Applicable
Has there been an analysis of any impacts on equality?	No
Has legal advice been obtained?	Not Applicable
Has this been to any groups or committees for engagement, comments, or approval?	Not Applicable

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

Planning Update

1. Executive Summary

The purpose of this paper is to provide the Locality Board (LB) with an update on the latest position in relation to priority setting; national, regional and local planning requirements and the latest position in relation to the annual planning process in Salford.

2. Greater Manchester Integrated Care Partnership

2.1 Integrated Care Partnership Strategy (ICP Strategy)

There is a requirement for all ICSs to develop a strategy. NHS organisations and local authorities must then have regard to this strategy when making decisions about the use of health and care resources. The five-year Strategy for the GM Integrated Care Partnership (ICP) was approved in March 2023 and can be found [here](#).

2.2 National guidance states that each Integrated Care Board (ICB) must publish a five-year Joint Forward Plan setting out how they propose to exercise their functions. This should include the delivery of universal NHS commitments address ICSs' four core purposes and meet legal requirements.

2.3 Joint Forward Plan (JFP)

The JFP describes how GM will achieve the outcomes described in the ICP strategy. The document is based on the six missions in the Strategy; the actions to deliver them; the measures for tracking delivery; and where accountability is held. This is supported via the performance framework and ways of working. NHS England guidance states that the plan needs to be published by 30 June.

2.4 On 31 May 2023 Warren Heppolette, Chief Officer – Strategy and Innovation, NHS GM Integrated Care wrote to system leaders to request feedback on the engagement draft of the JFP. This was shared with Salford Locality Board members via email on 6 June 2023 (from Elaine Redwood at 15:08). Due to the size of the document and in the interest of keeping board papers succinct this has not been included in the appendices for this paper but can be provided on request.

2.5 System leaders, including Salford Locality Board (LB) and Health and Wellbeing Board (HWBB) members were asked to consider the following key questions in relation to the draft JFP:

- What are your views on the proposed accountability arrangements for the missions – in particular, the distinction between delivery and system leadership
- What are your thoughts on the key actions? Are there any areas of work that are missing or that we need to place greater emphasis on?
- Are the metrics selected for the actions the right ones? Are there any that you would change or add?
- Any other views on the document?

2.6 A locality response is currently being coordinated and members are asked to share comments with Emma Reid e.reid1@nhs.net by Thursday 22 June 2023. Members can also submit any further feedback directly to gmhscp.gmifpnhs@nhs.net after this date if you wish to.

2.7 GM Operational Plan

The Integrated Care Board Operational Plan for 2023/24 was required to be submitted on Thursday 30 March. Significant work has taken place across all the key system stakeholders to develop the submission, focussing on those areas where GM had not met the operational target value. This work included a series of Confirm & Challenge sessions involving every Trust in GM, assurance meeting with NHSE, internal planning meetings across activity, finance and workforce workstreams and a GM System Leadership session.

2.8 The work undertaken after the draft submission, through the above sessions, workstreams and within providers has ensured that there has been an improved position across activity, finance and workforce. However, that improved position does not fully resolve GM's anticipated delivery of national planning expectations and so key risks remain.

2.9 To facilitate the improvement of our position (across 2023/24) the GM system leadership session in mid-March identified three focussed areas for action and improvement and identified lead bodies as follows:

1. Productivity (led by the Provider Federation Board)
 - Achievement of the key productivity measures for NHS acute trusts and Mental health trusts
 - Maximising the contribution of mutual aid
 - Making best use of independent sector capacity
 - Challenging specialties where we will need specific plans
2. Patient Flow in and out (led by Locality Boards)
 - Achieving No Reason to Reside figures as set out in the GM planning assumptions
 - Maximising admission avoidance within localities, through the adoption and spread of good practice
 - Referral rates. After 65ww we will be aiming for 52ww reductions – a programme to manage the increasing demand will be of significant value in supporting our aim to eliminate all waits
3. Leadership on Commissioning (led by NHS GM)
 - Decommissioning / service change decisions – for example, reviewing services commissioned during the Covid pandemic
 - Facilitating regional mutual aid discussion
 - Rebalancing finance review

3. Salford CCG year-end programme updates 2022/23

- 3.1 Locality Board members will recall receiving a mid-year update on progress in October 2022. The annual plan is monitored through the corporate management system, Pentana and as part of the staff appraisals process. Reports can be provided at any point in the year by contacting the Planning and Performance Team.
- 3.2 Progress against the annual plan is reported to the Locality Board on a six monthly basis and includes updates across all strategic programmes. The year-end position for 2022/23 is included at **Appendix 1**.



- 3.3 As we continue with Covid recovery, priorities have changed and therefore some of the actions included in our original plans are no longer relevant and may be closed even if the action has not been completed. By way of summary, as of 31 March 2023 there were 242 actions included in the 2022/23 plan. 175 (72%) of those actions had already been completed or were now classed as business as usual, the remaining 67 actions (28%) have been carried forward as part of the 2023/24 planning process.

4. Salford Planning Network

4.1 Plan on a Page for Health and Care in Salford 2023/24

With the support of leads from various groups across the locality the Salford Planning Network has developed a high-level plan on a page (**Appendix 2**) which describes the system-wide areas of focus for health and care in 2023/24. The Salford Locality Plan life-course model has been used as the basis for this piece of work and the locality board commitments and provider collaborative board priorities have been mapped against those for completeness.

- 4.2 The Salford Planning Network recommends that this document is approved by the Locality Board as a final version noting that this has been a collaborative effort over many months and with a view to shifting the network's focus as soon as possible to system-wide planning for 2024/25.

- 4.3 As part of the network's plan for 2023/24 it has coordinated a stocktake of existing delivery plans for workstreams within the current Salford Locality Plan 2020-25. Workstream leads were contacted with a series of questions to help build a picture of our existing operating environment and ongoing delivery. The responses provided are expected to help shape the health and care planning arrangements for 2024/25 (and beyond) and support the development of our next locality plan.

- 4.4 It is expected that a further gap analysis will be required once the stocktake responses have been collated and analysed. This will form part of a wider programme of work to refresh the locality plan for 2025-30. A further update on this work will be provided in a later report.

4.5 System Priority Setting 2024/25

As previously reported the Locality Board and Provider Collaborative Board have set high-level commitments and priorities for 2023/24 and these are included in the plan on a page mentioned above. It is recommended that discussions about priority setting for 2024/25 are started as soon as possible to help support the work of the planning network and the wider programme around locality plan refresh.

- 4.6 The Salford Planning Network recommends a programme of engagement activity to support planning arrangements for 2024/25, this should include a collaboration of key system boards including LB, HWBB and Provider Collaborative Board (PCB). Work is ongoing to determine resources to plan and coordinate this work; further updates will be provided in a future paper.

5. Salford City Council / NHS GM (Salford) - Integrated Care Leadership Team Planning

- 5.1 Locality Board members will recall receiving a planning update in March 2023 which outlined the approach to planning for 2023/24 and proposals for 2024/25 as below (current status indicated in blue):



2023/24

- High-level, system wide plan on a page to be developed with partners through the Salford Planning Network - [Completed, pending Locality Board approval \(Appendix 2\)](#)
- Salford City Council Service Group business plans – [Completed, being presented at Cabinet Briefing 13th June 2023](#)
- Salford City Council / NHS GM (Salford) - Integrated Care Leadership Team Annual Plan 2023-24, linked to other Salford plans as required (i.e., city council plans for Adults and Children’s services). Please note there will be other sector specific, annual plans such as Salford CVS, GM Mental Health Trust, Salford Care Organisation, etc but these will be developed by the respective sovereign organisations. - [Completed, pending feedback from Senior Team and Integrated Leadership Team in June 2023. \(Appendix 3\)](#)
- Draft approach to system wide planning for 2024/25 including expected outputs, likely timescales and governance options. [Work is ongoing to determine resources to plan and coordinate this work; further updates will be provided in a future paper.](#)

2024/25 As for 2023/24 but also including:

- System wide health and care delivery plan for year 5 of Locality Plan. [Work is ongoing to determine resources to plan and coordinate this work; further updates will be provided in a future paper.](#)
- Draft approach to system wide planning beyond 2024/25 (including the arrangements for refreshing the Salford Locality Plan and ongoing monitoring and reporting mechanisms). [Work is ongoing to determine resources to plan and coordinate this work; further updates will be provided in a future paper.](#)

6. Recommendations

6.1 The Salford Locality Board is asked to:

- note the content of this report and supporting appendices for information and assurance
- approve the plan on a page for Health and Care in Salford 2023/24 **(Appendix 2)**
- support proposals outlined in sections 4.5 and 4.6 with regards to priority setting for 2024/25 and consider resources required from all partners to plan and coordinate system wide-planning arrangements.

Emma Reid
Joint Head of Planning and Performance

APPENDICES

Appendix 1 – CCG (Integrated Commissioning) year-end programme update 2022-23

Appendix 2 – Plan on a page for health and care in Salford 2023-24

Appendix 3 – Salford City Council / NHS GM (Salford) - Integrated Care Leadership Team Annual Plan 2023-24

Appendix 1 Integrated Commissioning – 2022/23 Year End Strategic Programmes Update

Adults Social Care

Paul Walsh

Adult Social Care (ASC) Reform

The Health and Social Care Bill 2022 signalled a number of new regulatory changes to the Care Act 2014, notably, changes to upper and lower capital levels, a new cap on financial contributions, strengthening of role Local Authorities have supporting self-funders, Care Quality Commission inspection of Local Authorities Adult Social Care services (duties under the Care Act 2014) and a requirement for Local Authorities to undertake a Fair Cost of Care analysis. A local programme of work has been established to support Salford's response to the new regulations. Key points A) Fair Cost of Care (FCOC) submission 14/10/22. B) Adult Social Care, Care Quality Commission peer review 20/10/22 and ongoing preparation work. C) FCOC funding to Local Authorities confirmed December 2022 and an agreement to apply and additional £13m to support 23/24 ASC fee uplifts. D) Adult Social Care Policy and Capacity changes Q4 22/23 and Q1 23/24 E) Care Quality Commission Local Authority ASC regulatory power comes into effect 01/04/23. F) In in-year DHSC decision resulted in the ASC Reform being pushed back to Oct 25.

Independent Living Service

Following the approval of the business case in January 2022 the Independent Living Service is working to embed the changes agreed. A robust project plan has been devised with project management allowing clear oversight of the implementation. Significant improvements have been made to OT assessment waits fall from over 80 weeks to 30 weeks by the end of 2022/23

Complex Dementia in Care Homes

One Salford based provider (Aspire) was successful in applying to the Greater Manchester complex dementia framework (January 2022). Work is taking place to build a service model with Aspire to start making placements potentially in Q3 2022/23. It is recognised that the Aspire provision will only meet some of the demand for complex dementia services and further work needs to be undertaken to develop a Complex Dementia service(s) in Salford. To progress work with the market there are plans for the commissioners and the market management team to hold a market engagement event to discuss with providers what the opportunities are and what is needed to make them happen. There are also plans to engage with other areas that have Complex Dementia services being developed in their area. The Aspire, Poppy service went live in January 2023.

Learning Disability Supported Tenancy New Schemes

Development 1: Great Places supported tenancy schemes in Little Hulton and Walkden. Great Places has reported significant increases to the build costs (circa £1.5m). Council officers are in discussion with Great Places to consider options. A report will be taken to the Lead Member for Housing, Property and Regeneration.

Development 2: St Luke's, Weaste (Phase 1). This property has been identified for use by Salford City Council and Greater Manchester Health and Social Partnership as part of the Greater Manchester Complex Needs Project. The project and development will support people currently admitted to hospital providing a community-based support option. The property identified is part of a housing development in Weaste and will accommodate two people from Salford and three people from the remaining nine Greater Manchester localities.

Development 3: Granary Lane, Winton (Phase 2). This property also forms part of the Greater Manchester Complex Needs Project and also supports people currently admitted to hospital. Granary Lane will accommodate one person from Salford and two people from the remaining nine Greater Manchester localities.

Appendix 1 Integrated Commissioning – 2022/23 Year End Strategic Programmes Update

Development 4: Hebden Avenue, Weaste. Salford Care Organisation are part way through a project to review out of area placements with a view to repatriating people back to Salford. Empowered Homes approached the council with the potential to deliver property options in the form of 12 self-contained apartments. The outcome of the project will inform next steps.

Learning Disability Supported Tenancy Network Redesign

Phase 1 of the review of supported tenancies with Aspire is complete and a draft interim report has been taken through governance. Phase 2 sees the undertaking of Care Act 2014 assessments, to date 24/52 are completed. Next steps are to roll out the engagement plan to seek views of people supported and their families. Service model options will be presented at the end of Phase 2, anticipated January 2023.

Extra Care (tender for new care service)

Working group has been reformed to develop the procurement framework. A soft market testing exercise was completed in Q3 2021/22 the outcome of this has been used to develop a new model for care in Extra Care. Plans are to engage with stakeholders around the proposed new model. Work is being undertaken by Adults Social Care to review process and practices to support the new model. It is anticipated that a tender exercise to develop an Extra Care Framework will go live in 2023/24.

Extra Care (EC) New Schemes

There are 4 pipeline schemes that will increase availability of EC units by circa 300 by 2023/24.

- Arrow Street, Lower Broughton – Approved by Adults Commissioning Committee – provider planning permission secured - initially delayed due to COVID-19 – currently on hold due to escalating build costs.
- Moorfield Close, Swinton – pending approval and planning permission in Q4
- Pendleton Together – provider reporting escalating build cost and available capital. Currently being worked through with Salford City Council colleagues in Housing and Commissioning
- Mount Carmel Court – in discussions with Mosscafe St Vincent's Housing Group the landlord of Mount Carmel Court about new build and re-build opportunities in the Ordsall area

Age Well Service

Approval to award report was presented to Procurement Board in May 2022 following a tendering exercise to establish a provider to deliver two Age Well contracts supporting older adults across Salford. A contract has been awarded to Age UK Salford to deliver the early intervention and prevention service from 1st October 2022 for a period of five years. A universal, population wide service has also been awarded to Inspiring Communities Together for a period of five years from 1st January 2023. Both contracts are in the process of being mobilised and implemented.

Advocacy Hub

A contract ward to MIND in Salford was made in March 2023 following a competitive tender exercise for Salford's Advocacy Hub. MIND in Salford were the previous contract holders.

Fairer Charging including Policy Review

Improvements have been made in the recovery of client income through charging. A number of operational developments, including better use of data (from Liquid Logic/Controcc system) and streamlining procedures, has facilitated this. Progress has been made to update the draft Fairer Charging

Appendix 1 Integrated Commissioning – 2022/23 Year End Strategic Programmes Update

Policy to reflect new national policy changes and also to address local demands for mental health, short-stay and extra care charging. The first draft of the new policy is expected in the first half of 2023/24.

Adults Care Pathway

Harry Golby

This programme includes a range of distinct actions some of which are to be taken forward within the Salford locality and others across Greater Manchester.

The most progress has been made on:

- A report on the impact of the locality's investment in a 24/7 integrated End of Life Care Service is being prepared by Salford Care Organisation
- Work previously led by Salford CCG to implement a Greater Manchester inpatient neurorehabilitation service has been handed over to the lead for the Greater Manchester Sustainable Services System Board
- A decision has been made to decommission Oviva Diabetes Support which provides remote, digitally-enabled structured education and behaviour change programme for patients with type 2 diabetes. Demand for Oviva had been dropping in the light of alternatives being available through the nationally commissioned digital education Healthy Living for People with Type 2 diabetes alongside the Greater Manchester Diabetes my Way offer.
- The locality team have worked with the Salford Care Organisation to review capacity of the care home facilitators service for end of life care – no issues were identified
- Salford has been operating as an early adopter within Greater Manchester to rollout new proposals regarding Medical Certificate Cause of Death across the hospital, hospice and GP practices. National changes which mean the legislation is not expected to come into effect until April 2024 (was to be April 2023) means there has been some slide back to the previous arrangements by GP practices
- There has been significant partnership working across the locality to promote the local and national offers in relation to diabetes prevention and digital weight management

Adults Community Health Care & Voluntary, Community and Social Enterprise (VCSE)

Harry Golby

Salford's Home First Programme aims to bring together the health and social care systems working collaboratively by supporting people to be cared for in the right place for their needs and reduce the number of people in the hospital that would be better cared for at home or in specialised care. The business case finalised in October 2021 described an expansion of teams coupled with developing new ways of collaborative working based on guidance and learning from other areas over 2 years commencing January 2021. An interim evaluation summarising progress as at May 2023 shows that the majority of additional staff have been recruited and the programme of service redesign is well underway; progress against the overarching targets (for example a reduction in discharge to care or residential homes) has been demonstrated alongside some positive patient stories. Further work is required if the programme is to achieve the full ambition described in the business case.

Salford Tier 1 Community Diagnostic Centres have continued to develop in 2022/23. The number of sites, range of tests and number of patients accessing these services have increased during the period. Waiting times have reduced and relationships across primary and secondary care developed. Some operational and quality issues have been identified and, in the main, resolved. Further developments are planned, however national guidance around funding has changed and the implications will need to be reviewed and options considered.

Appendix 1 Integrated Commissioning – 2022/23 Year End Strategic Programmes Update

A variety of Salford-wide COVID19 services have been reviewed and longer term arrangements established – responsibility for oximetry@home has been passed to GPs and long COVID services are still operating.

Salford's Third Sector Fund continued to operate in 2022/23 led by Salford CVS. The main aim of the Third Sector Fund is to enable Salford CVS to use their unique position in Salford to reach voluntary organisations, community groups, charities and social enterprises across all parts of the city (by neighbourhood and also in terms of communities of identity) that, with a small investment, could help address some of the key health priorities in Salford. 2022/23 was third year of a 5 year programme and during this time the Third Sector Fund has played a critical role in supporting the VCSE sector's response to the COVID-19 pandemic and cost of living crisis, helping in some ways to ensure the ongoing sustainability of the VCSE sector in such a difficult financial operating environment at the time when need is greatest. The delivery plan for 2023/24 has commenced and follows the Start Well, Live Well, Age Well and Strong & Resilient Communities structure described in the Salford Locality Plan.

The Salford Provider Collaborative Board has established 3 sub-groups – one of which is a "neighbourhoods" subgroup. The group continues to meet, with system wide representation and jointly chaired by the Salford Locality Team and Salford Public Health. The group is progressing anticipatory care in Salford and considering the overall neighbourhood model and connections with the City Council's Innovate programme.

Adults Public Health

Dr Muna Abdel Aziz

The role of the Director of Public Health and the core Public Health team is to champion health and wellbeing, lead and influence work across partners to improve and protect health, to set priorities and monitor progress towards reducing inequalities. Increasingly the team are working with Primary Care Networks and neighbourhood partners to build on assets and shared priorities. The Locality Board and Health and Wellbeing Board remit has been confirmed for health and care and for the Great Eight priorities of Salford respectively. The Locality Plan [Core JSSNA dashboard](#) and the [Salford Ward profiles](#) have been kept up to date and hold a repository of useful information for use by Partners in Salford. The new look website for [Partners in Salford](#) highlights how the Great Eight priorities in Salford all impact on public health for adults, children and families.

The Health Protection Board has continued to meet as a subgroup of the Health and Wellbeing Board. The focus has widened towards all respiratory illnesses and all infectious diseases to respond to threats related to imported diseases and reduced coverage with vaccination. Scheduled immunisations and cancer screening uptake have all seen a decline during the pandemic. The immunisation and screening operational groups continue to oversee these programmes and working with the Primary Care network and partners in neighbourhoods to tackle inequalities and improve uptake.

The [Public Health Annual Report 2021/22](#) was published in November 2022. The report covers health protection, health improvement, and the work to tackle health inequalities as part of the Locality Plan annual progress reporting. The procurement timelines for the commissioned public health services are underway. Business continuity and delivery plans are in place. There will be an increasing focus on value for money and social value of these services to continue to live within our means.

The [Joint Strategic Strengths and Needs Assessment](#) programme is led by the Locality Programme / Joint Strategic Needs Assessment (LPG/JSNA) group which is a subgroup of the Health and Wellbeing Board.

Appendix 1 Integrated Commissioning – 2022/23 Year End Strategic Programmes Update

The Joint Strategic Needs Assessment programme is building on the assets already in place like the vibrant community groups, patient champions, housing and leisure, local anchors and other trusted voices in each neighbourhood. The pharmaceutical needs assessment was published and the cancer, sexual health and mental health Joint Strategic Needs Assessments, and the 0-25 data refresh. Other Deep Dive chapters are in progress for Primary Care Networks/Neighbourhoods and the Wider Determinants, Special Education Needs and Adult Social Care Needs and Assets.

The Physical Activity strategy for Salford has been launched, overseen by the Salford Physical Activity Alliance. The Tobacco Control Alliance are coordinating action across partners including support for quitting, smoke free areas and tackling illicit tobacco. Across the city, there is a new focus on the positive role of culture on physical and mental wellbeing (Creative Health).

All the partnership boards have nominated their mental health champions who are working together to roll out mental health first aid training, Connect 5 training, and a coordinated calendar of mental health promotion campaigns. This has led to fresh [webpages on mental wellbeing promotion](#) (under construction) alongside the Public Health Annual Report [2022/23 calendar of campaigns](#) (also in draft).

The Salford Time to AcT (STAT) group as a subgroup of the Health and Wellbeing Board have continued to meet monthly to develop the shared understanding of health inequalities, and to oversee the co-production priority for the Locality Plan. Recent meetings have focused on the cost of living crisis, Economies for Healthier Lives, and access to GP and dental services.

Urgent Care Services

Stephen Tilley

In 2022/23 urgent care, both nationally and locally, was under significant pressure which affected the whole health and care system; this was particularly acute during winter with the added impact of flu, covid, strepA and the cost-of-living crisis. Salford Locality received several NHS GM and National financial allocations in year, at different times, for urgent care, winter, and discharge and had to step up a variety of additional schemes relatively quickly in Acute Trusts, Adult Social Care, Primary Care and the VCSE sector.

These schemes included:

- additional nursing capacity in ED to maintain patient safety and mitigate against risks associated with extended lengths of stay in ED
- additional hours of community-based reablement hours to support discharges
- additional hours of domiciliary bridging capacity to facilitate discharges from hospital and to provide short term step-up capacity
- increased domiciliary care capacity
- an additional 10 care home beds for people with dementia
- additional surge capacity in primary care delivered by the five PCNs in Salford
- VCSE admission avoidance and discharge support schemes
- an Acute Respiratory Infection (ARI) hub in primary care (provided by Salford Primary Care Together); national funding was drawn down to support implementation of this

In addition, NHS GM funded similar additional capacity and discharge schemes at GMMH.

Emergency Primary Integrated Care (EPiC 24) - The Emergency Primary Integrated Care 24 model continues to support the front door of the Emergency Department and NHS 111 calls in defined

Appendix 1 Integrated Commissioning – 2022/23 Year End Strategic Programmes Update

categories to ensure that patients are directed and supported in obtaining the most appropriate clinical support.

The 2-year EPiC 24 pilot finishes at the end of June 2023 and following a positive review of the service a business case has been developed to present options for consideration regarding continued support for the model. This review and business cases has been progressing through locality governance and is scheduled to go to Locality Board for a decision in May 2023.

Urgent Care Treatment Centre (UTC) - All localities are being required by NHSE to establish an Urgent Treatment Centre. Salford planned to deliver this requirement by developing a virtual Urgent Care Treatment Centre, the proposals are supported by the EPiC 24 model which has the structure to deliver the required 34-point criteria.

Following an assessment of evidence submitted by the Locality and a visit to the service undertaken by regional and national teams in summer 2022 the Locality received formal confirmation from NHSE in November 2022 that the service at the Salford Royal/Salford Place (with a hybrid delivery model in part co-located with the Emergency Department, part with the adjacent Clinical Assessment Hub and part virtual) has been given formal designation of Urgent Treatment Centre status.

This is positive news and is recognition from NHS England of the transformation of part of the urgent care pathways within the locality; being designated as a UTC is an important milestone as we move from the EPiC 24 model being a pilot towards it being recurrently commissioned.

Elective Care

Neil Cudby

The focus of the Elective Care Programme in 22/23 has continued to be on working with providers to support elective activity restoration and recovery of waiting times for cancer, elective care and diagnostics, supporting those patients with significant waits for treatment and delivery of workstreams in support of the Greater Manchester Elective Care Board's work.

The first milestone for systems was the elimination of waits of over 104weeks+ (except for those patients who choose to wait longer or are clinically complex) by the end of June 2022; this was achieved within the locality. The second milestone within the national planning guidance was the elimination of waits of over 78weeks+ by the end of March 2023, whilst this hasn't been fully achieved, significant improvements have been seen within the locality with the number of patients waiting 78weeks+ reducing from 713 in December 2022 to 59 at the end of March 2023 (some of whom will have chosen to wait longer).

Cancer and Diagnostic performance have also improved in quarter 4 of 2022/23: Two-Week Wait performance has improved from 61.1% in December 2022 to 84.4% in February 2023 (against the 93% standard) whilst the percentage of patients waiting more than 6weeks+ for a diagnostic test has reduced from 31% in September 2022 to 20% in February 2023.

In addition to the focus on restoration and recovery, progress has been made on other workstreams in the elective care programme in 22/23.

- A data driven review of Vasectomy service provision in Salford has been completed which has led to a procurement process commencing in 23/24 for some primary care Vasectomy provision within the locality.
- PCN Level Community Diagnostic Centres (CDC) have now been mobilised across all five neighbourhoods in Salford with Broughton being the last to mobilise in November 2022. In addition, the NCA received confirmation that the Salford CDC Business Case for the establishment of a large CDC hub was approved by the National CDC panel with a view to activity commencing

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from the West One site in September 2023; this additional diagnostic capacity will improve access for Salford patients and will directly support elective diagnostic recovery and restoration.

- There has been continued support to the NCA in its delivery of an outpatient reform programme which includes increased use of Advice & Guidance (A&G) to primary care before a referral is made; regular clinical reviews and clinical validation of waiting lists; maximisation of outpatient clinic space utilisation; and use of Patient Initiated Follow Up (PIFU) to reduce the number of hospital follow up appointments to increase capacity for new patients and reduce waiting lists and waiting times
- The locality is engaged in the GM Dermatology Transformation Programme which is aiming to develop a GM model of care to address current issues, deliver sustainable high quality dermatology services, achieve performance and quality standards and address health inequalities. In addition to involvement in this strategic work, Salford Locality is also piloting tele-dermatology and advice and guidance pathways with the aim of ensure dermatology pathways are optimised and two-week waiting times are decreased, by ensuring appropriate two week wait referrals. This work is being incentivised within the Salford Standard.

The Salford Lung Health Check (LHC) programme has now been completed across four of the five Primary Care Networks in Salford and is currently operating in Broughton, the fifth and final Salford Locality Neighbourhood. Up to January 2023, 93 patients have been diagnosed with lung cancer and 21 patients have been diagnosed with other cancers. Positively over 83% of lung cancers have been diagnosed in the early stages (stage I and stage II) increasing the chances of successful treatment.

Adults Mental Health

Judd Skelton

The business case to expand the full Living Well model to city-wide provision was approved in early 2022. Recruitment to support the expansion of the model has been taking place throughout the summer and the service is now fully operational across Salford, including embedded mental health practitioners in Primary Care Networks.

Governance of the model is provided via the Living Well Governance meeting which involves the key delivery partners.

Living Well is a multi-disciplinary and multi-organisational structure, comprising statutory and voluntary sector provision, peer support and effective connectivity being developed with Wellbeing Matters.

The Adult Mental Health Collaborative has been meeting monthly. This is a multi-partner collaborative with representatives from across the Adult mental health system (i.e. statutory partners, Voluntary, Community and Social Enterprise, people with lived experience). The meetings focus on key areas of transformation work; taking a Collaborative ('where are we now, what are the challenges and opportunities') and Design Team (workshop looking at opportunities to test and grow different ways of working). To date, themes have included: Community Mental Health Transformation, Talking Therapies and Social Work in Living Well and Community Mental Health Teams. This group, alongside the Thrive Partnership, feeds into the All Age Mental Health meeting which operates as a subgroup of the Provider Collaborative and provides assurance to Greater Manchester. The All Age Mental Health Board operates on a bi-monthly basis.

Mental Health Crisis & Hospital to Home

Judd Skelton

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The two Crisis / Intermediate Care Mental Health Support Beds (to prevent hospital admission and facilitate discharge) continue to operate via Greater Manchester Mental Health NHS Foundation Trust.

Salford Urgent Care Listening Lounge (as an alternative to A&E) operates 24/7 with input from Home Based Treatment and Living Well and is being further developed to incorporate a partnership VCSE offer. Referrals are being tracked and referral routes are being developed slowly, with a view to progressing towards open access. Work is ongoing to strengthen and widen pathways in a sustainable manner.

Suicide prevention training continues to be offered via the 20 minute 'save a life' training. Salford VCSE grants process is currently underway to support small allocations of up to £500 to develop local activities in line with the baton of hope programme and the month of hope.

Improving Access to Psychological Therapies (IAPT)

Judd Skelton

Prevalence - Published data for January 2023 shows performance as 1.95% which is below the target of 2.08% but an increase on last month. The local data for March 2023 indicates a position of 1.95%. YTD performance shows as 17.2%, which is off-track to achieve the 25% target for the year.

Recovery – Published data for January 2023 shows performance as 36% which is below the recovery target of 50%. Local March 2023 data reported that recovery is at 50%. Year to date performance is 36.2% against the annual target of 50%.

6 Week Referral to Treatment (RTT) - Published data for January 2023 67% which is an improvement on the last published data, but does not meet the 75% target. Local March 2023 data shows performance at 62.2%. The year to date performance is 61.8%.

18 Week Referral to Treatment (RTT) - Published January 2023 performance shows 18 week referral to treatment performance as 95%, which meets target. Local March 2023 data suggests that performance is 97.9% which exceeds the target. The year to date performance is 97.8%.

Work is ongoing to address underpinning factors impacting on performance. This is being robustly monitored via recovery plans.

Children's Care

Deborah Blackburn

The impact of COVID-19 is still being felt in the complexity of referrals to services and multiagency responses are in place.

The legacy effects are still emerging including Childrens mental health, attendance at school, continued reduced immunisations. This has an impact on children on the edge of care and risks increasing placements. Some of the measures we put in place prior to the pandemic have enabled us to respond in an improved way, this includes the BOND programme investment.

Children's Health

Wendy Hodgson

The business case for additional investment into the physiotherapy and occupational therapy service business case was agreed in June 2022. The work to implement this business case has been completed and the new services for upper limb splinting and the extended offer for sensory processing commenced in April 2023. A second business case for the MSK and orthotics elements has been agreed at the NCA

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investment committee and the System finance group in March 2023. This will now be progressed through the system for thorough assessment of resources in GM.

The review of speech and language therapy is being led by GM. This work is focused on the potential benefits of the Balanced system which was implemented in Salford locality in 2019. Stakeholder engagement has been completed and data is being captured from the providers and other stakeholders as part of the review.

The work to review the Childrens community nursing team specification was completed but a new working group has been developed in GM to revise the GM wide specification. The cancer pathway review has been completed and some recommendations identified.

The Paediatric Avoidable Admissions work continues. This work has predominantly focused on Asthma and the implementation of the care bundle although work has resumed refreshing the gastro pathway and a relaunch is anticipated in Autumn 2023. These plans will include the Children and young people core 20 plus 5 objectives moving forwards.

The locality continues to work closely with partners to develop the maternity services delivered at Ingleside.

Children's Mental Health

Emily Edwards

The Thrive Partnership met in February to review progress against 2022-23 priorities and to consider any new / continued priorities for 2023-24. This will be included in the Salford Thrive Plan Update 2023, feed into the GM annual Children's and Young People's Mental Health reporting.

Key achievements / areas of progress include:

Thrive in Education (mental health support team) impact to date, and Odd Arts drama in schools' workshops and learning from Youth Service led Resilience project

The Parent And Infant Relationship Service was fully recruited and is preparing to open to referrals in April, co-located in West Locality Family Hub and alongside other parent and child services.

Expansion of online / digital offers (42nd street, KOOTH, Silvercloud)

Parachute Team pilot learning helping to shape improved GM CYP crisis pathways and improve relationships between professionals locally in supporting young people in distress

Salford has been held up as a model of good practice in GM for support for Cared For/Looked After Children and Care Leavers

Continued high level performance against National access and waiting times standards for children's mental health services, CAMHS and Eating Disorder services.

Areas of concern:

GM and Locality Non recurrent funding into 42nd street have put the service and 22+ staff at risk.

Salford/Manchester/Trafford commissioners are supporting 42nd street to escalate these risks. No notice was given for the decision by GM ICB to end the parachute pilot and this is being contested.

CAMHS Neurodevelopmental assessment demand and waiting times continue to grow and this is being escalated through locality, provider and GM governance to help address the need for increased service capacity as well as continued local system transformation as part of our integrated Neuro Development Approach.

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Children's Public Health

Deborah Blackburn

The impact of COVID-19 is still being felt in the complexity of referrals to services and multiagency responses are in place.

Children's public health services are still picking up the legacy effects of Covid with missed visits and contacts picking up worsening outcomes such as Oral Health, childhood obesity, mental health issues collaborative working is responding to need.

Primary Care Digital

Caroline Rand

The primary care digital strategy for Salford is now complete and has been presented to the primary care Commissioning committee in May.

Key achievements in 22/23

Nine practices migrated from Vision to EMIS

Full cycle of desktop replacements.

Six small projects to expand IT access in practices.

Work on improving Business continuity processes when systems have faults

All Salford practices submitted their Data Security & Protection Toolkit

A new supplier of software to support the Salford Standard was chosen (Ardens).

Use of Greater Manchester Care Record (GMCR) has increased in primary care and a number of projects in flight to improve the product

Improving Patient Experience

49% of Salford patients aged 13 and over have registered for the NHS App in April 23. A slight increase from June at 48%. NHS England has set a target of 60% for 22/23 Nationally the take up figure is 52%, with 49% being the Greater Manchester average. Salford PCNs range from 52% in Swinton to 42% in Broughton

Primary Care Estates

Elaine Vermeulen

The council has advised that the development at the Pendleton Leisure centre has been cancelled and an alternative long term solution for the Langworthy Medical practice is now being sought.

The proposed development at Lower Broughton has not progressed to financial close as expected and will need to be revisited.

Most primary care estates developments have been paused whilst the PCN estates toolkit has been finalised with each PCN in GM and a report is expected in autumn 2023.

Further work is progressing on the Limes, Gill and Quays developments in the meantime.

Primary Care Reducing Variation and Inequalities

Anna Ganotis

Good progress was made against the Primary Care Reducing Variation and Inequalities programme in 2022/23:

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- For the first time since 2020, the Salford Standard was operational for the full financial year and practices have delivered against the requirements.
 - The 2023/24 Salford Standard specification is almost complete, with implementation now in progress.
 - The monitoring and review of the Special Allocation Service is complete.
 - The locality team is working with partners to understand and develop plans to address health inequalities in Salford, both via the Primary Care Network contracts and via plans for the 2023/24 Salford Standard.
- Plans to make changes to the delivery of the asylum seeker service were not implemented due to provider issues. This will be re-visited at the appropriate time.

Primary Care Transformation

Anna Ganotis

Good progress has been made against the Primary Care Transformation programme in 2022/23:

- New community optometry services have been commissioned and are delivering services
- Hot COVID services were commissioned until mid-May, when responsibility for managing suspected COVID patients handed over to GPs.
- PCNs delivered against the requirements of the 22/23 DES contract and an assurance exercise has been undertaken.
- The Salford locality team has overseen the delivery of the COVID vaccination programme.
- Salford CCG staff transitioned into Greater Manchester Integrated Care on 1st July 2022 and new primary care governance has been put in place. There are plans for primary care leads from across GM to work together to agree how primary care commissioning might function in the new organisation.

Primary Care Workforce

Satty Boyes

With ongoing pressures in primary care over the last financial year, the workforce team has remained committed to ensuring that any investment targeted at workforce development has been utilised to maximum benefit but with minimum resource impact on primary care resource. Key achievements include:

- Supporting the implementation of the Additional Roles Reimbursement Scheme to enhance multi-disciplinary support to primary care pressures
- Completion of a bespoke competency and preceptorship programme for primary care pharmacy technicians
- “Waiting Well” pilot completed, providing group consultations for people experiencing issues with mobility and pain whilst waiting for secondary care interventions for hip and knee surgery
- Lead Practice Nurse role is being integrated into the Salford Locality Clinical Leadership team

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- Primary Care Network Practice Nurse pilot completed with eight out of ten nurses already have taken up posts in Salford practices
- “First 5s” Group in Salford is now well established, providing peer support for Salford GPs in the first five years of their careers
- First cohort of multi-professional Quality Improvement (QI) Fellows completed, with a second cohort in progress; further cohort planned for 23/24
- Developing consistent models and processes for care navigation across practices and Primary Care Networks
- Significant improvement in national workforce data through the Salford Standard
- A new workforce KPI launched 23/24 to build on the local Salford Workforce Data Mapping Project
- Improving processes and infrastructure to support non-medical prescribing

The development of the ICS has supported the publication of the GM People & Culture Strategy. A Primary Care Blueprint is also in development and is currently in the engagement phase. Plans are in progress to re-launch the Salford Locality Workforce Transformation Group to deliver on ICS priorities and continue to progress locality workforce transformation. The primary care blueprint will ensure that primary care workforce development continues to be embedded both within GM and locality programmes.

Safeguarding

Liz Walton

Throughout 2022/23 the safeguarding team have continued to ensure that all safeguarding statutory responsibilities have been maintained within the locality outlined within the Safeguarding Assurance and Accountability Framework as well as maintaining and supporting safeguarding arrangements across the safeguarding partnership.

This work has continued post transition to the ICB. As part of the extended distributed leadership, the Assistant Director Safeguarding and Quality now chairs the GM Safeguarding System Learning and Quality Improvement Delivery Group with the Designated Nurse Safeguarding Children providing Deputy support to the GM Safeguarding Assurance Delivery Groups. Designated functions across GM are providing the relevant expertise to ensure that the ICB meets its statutory safeguarding functions and developing the transformation of safeguarding across Greater Manchester throughout 2023/24.

Quality

Michelle Williamson

Managing the COVID-19 Pandemic has impacted the quality assurance processes with providers, amendments have been made to ensure that oversight and scrutiny is maintained. There was an initial shift in focus to include more detailed scrutiny in relation to infection prevention and control as well as identifying any potential impact on patient safety, patient experience and effectiveness as a result of changes implemented.

The Salford Locality System Quality Group has commenced in line with Integrated Care System guidance and the NHS Patient Safety Strategy Safer culture, safer systems, safer patients. This group systematically brings together place-based partners from across health, social care and wider to share insight and intelligence into local quality matters, identify opportunities for improvement, concerns/risks to quality, and develop place-based responses to support ongoing quality improvement. The Salford Locality Quality Group have developed a reporting structure which is used to discuss what matters most to our

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Salford people and allows us to escalate early warning signs/risks to our Locality Board and Integrated Care system. The Salford Locality Quality Group provides place and system leaders with:

- An understanding of quality issues at place level, and the objectives and priorities needed to improve the quality of care for local people, devolved down to providers as appropriate.
- timely insight into quality concerns/issues that need to be addressed, responded to, and escalated.
- positive assurance that risks and issues have been effectively addressed.
- confidence about maintaining and continually improving both the equity, delivery and quality of their services.

The Salford Locality routinely collects data surrounding patient experience, through various forums and governance structures across the City's healthcare system. This is to give assurance that providers are not only collecting data, but crucially measuring the impact of changes which are made, as a result of patient feedback. Improvement collaboratives for falls and pressure ulcers are in place at Salford Care Organisation with commissioner oversight. Quality improvement support has been identified for falls improvement work. Pressure ulcer improvement work continues with a Northern Care Alliance group approach to target community acquired pressure ulcers. The trends, themes and improvement initiatives will continue to be monitored and reviewed at Salford Care Organisation Pressure Ulcer/Falls Steering Group. We will continue to review data in relation to these key areas and updates will be provided in the Quality of Health & Care Services report.

Quality assurance information in relation to Greater Manchester Mental Health is collated from a range of sources including the local commissioning meetings for Salford services and the integrated provider quality meeting with other localities. Performance and quality measures continue to be monitored through a reporting scheduled and clinically led process with Greater Manchester Mental Health. Quarter 1 2022/23 reporting schedule included:

- Service user and Carer Experience Report
- Treating and caring for people in a safe environment and protecting them from avoidable harm

We will continue to review data in relation to these key areas from providers and updates will be provided in the Quality of Health & Care Services report.

Safer Salford

Michelle Williamson

Safer Salford is now in its sixth year, and the programme continues to drive a system wide approach to improving quality and safety.

The programme aligned to the principles of the National Patient Strategy 2019 and has been reshaped and aligned to the three pillars of this national strategy.

- Insight
- Involvement
- Improvement

The change to a blended approach of in-house quality improvement resource and Advancing Quality Alliance (Aqua) support to the system as an improvement partner continues to work well and allow responsiveness within the programme to deliver quality improvement. This in house resource has also allowed expansion of the current innovation and research team to broaden their portfolio to include

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innovation, research and improvement and strengthen the links to the innovation fund and current Salford system improvement work streams e.g., health care associated infections, vaccinations.

The 2022/2023 Safer Salford programme of work will be delivered during the Clinical Commissioning Group/Integrated Care Systems transition year and will look to ensure its lands safely and sustainably beyond March 2023.

The key areas of delivery are:

- Adult Care Sector
- General Practice
- Health inequalities
- System improvement

Medicines Optimisation

Claire Vaughan

From December 2020 the team have supported the COVID-19 vaccine programme, in line with the principles and expectations necessary to maintain integrity, and therefore safety, quality and effectiveness, of the COVID-19 vaccines [directive](#) from the Chief Pharmaceutical Officer. This has expanded to include support for pop up clinics, and training of the community pharmacies onboarding to the programme for the first time.

Work also continues to review patients prescribed items for conditions for which over the counter items should not routinely be prescribed in primary care ([NHS England guidance](#)). And other cost improvement initiatives in primary care.

The team continues to support the ICB social value project team with a focus on carbon-friendly inhaler choices to reduce the environmental impact of inhalers, which aligns to the 'Carbon Foot printing of Primary Care in Salford' project. The Medicines Optimisation Team have finalised choices based on data provided by PrescQIPP who reviewed an academic paper alongside the Summary of Product Characteristics for each product. This guide has now been adopted by the Greater Manchester Medicines Management Group (GMMMG).

A system approach to Valproate use by women and girls, due to its association with a significant risk of birth defects and developmental disorders in children born to women who take valproate during pregnancy continues, working with pharmacists and epilepsy and mental health specialists. There has also been support to practices looking to do quality improvement in dependence forming medications.

Continuing Health Care (CHC) / Funded Nursing Care (FNC)

Michelle Robinson / Janet Tomlinson

The NHS Funded Care Team continue to work in line with the relevant guidance (Hospital Discharge and Community Support Guidance (published 31st March 2022) alongside the National Framework for NHS Continuing Healthcare and NHS Funded Care (Revised October 2022).

Discharge to Assess (D2A) and Funding without Prejudice (FwP) processes are continuing to be facilitated for hospital discharges with short stay charges commencing for D2A placements on admission to care homes and charges suspended for FwP placements which are considered permanent until Continuing Healthcare and financial assessments are completed by the appropriate organisation.

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Inequity continues with this approach however collaboration between NHS Funded Care Team and Salford Adult Social Care to consider funding on an individualised basis for cases which are deemed outside the standard arrangement. End of Life patients continue to be fully funded via the NHS Funded Care Team and reviewed in line with statutory NHS CHC requirements.

The NHS Funded Care Team is up to date with reviews for both Funded Nursing Care and Continuing Healthcare funded service users. The majority of D2A reviews continued to be completed at week 2 following discharge and screening for Continuing Healthcare eligibility is done at this time or when appropriate following community services interventions. However, work is ongoing to acknowledge where patients are able to return home quickly and social work involvement is required to determine the long term arrangements before completing the Continuing Healthcare screening.

Delays continue where involvement from social care, therapy and mental health services are required while agreement of the business case approved.

There also continues to be significant delays in social work allocation when a full assessment of NHS Continuing Healthcare eligibility is required, and the individual is not previously known to Adult Social Care. These delays continue to impact on the performance indicator for assessments completed with 28 days – In Quarter 4 (22/23) we were unable to attain the National Performance Standard with only 73% of the required 80% achieved. This continues bring a focus on Salford by NHS England with quarter assurance reports submitted quarterly.

However, the team continues to work to complete the process within the 28-day timeframe and consistently implements the Salford escalation policy. We will continue to monitor cases to meet this standard and NHS England are aware of our position and updated as required.

Innovation and Research

Nadine Payne

Over the first half of 22/23, the Innovation and Research (I&R) team have been supporting the 10 new projects funded under the 2021/22 Innovation and Improvement Call and a few remaining projects which have been continued from 2020/2021 Innovation Locality Calls (largely due to COVID-19 related implementation delays). Innovation has remained challenging due to issues relating to the COVID-19 pandemic, coupled with the demands on the workforce in the locality. Several projects have since been given additional non-cost or costed extensions due to the unprecedented events.

A new Innovation and Improvement Fund call was launched in June 2022, with an available pot of £500,000 to fund new schemes. Like last year, we invited applications for not just Innovation projects, but also Quality Improvement (QI) initiatives in the Salford system. The Fund closed for new applications at end of August 22, with 43 applications received, representing £4.3m worth of bids. A shortlisting process was conducted in September 2022 with joint commissioning strategy groups, which progressed 27 bids to a digital marketplace event held on 22nd to 26th September. From this stage 2 assessment and scoring process projects were be successful in obtaining funding.

Work has continued to embed research, innovation, and quality improvement into the culture and ethos for the Salford 'Building Back Better' recovery plans. A new Quality Improvement (QI) Fellowship scheme was launched in 2021 to support ground-up Quality Improvement capability and capacity in the local system. This scheme offers existing Salford Health and Social Care staff a 12-month training, development and support package to enable them to carry out improvement in practice. A core curriculum of Quality Improvement knowledge and skills is delivered by Quality Improvement specialist training partner Advancing Quality Alliance North West (AQuA), in addition to receipt of 0.2WTE backfill funding to secure the time to undertake the Fellowship project and a £2000 training bursary to tailor additional

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support. Fellows are supported throughout by mentorship provided by senior managers in the Salford Locality's Innovation and Research team.

Six Quality Improvement Fellows have successfully completed this first cohort, concluding their programme in September 2022 and graduating in November. Significant outcomes of note for this cohort of Fellows include 2 gaining new formal qualifications as a result of the bursary, one Fellow developing a business plan and Innovation and Improvement Fund application, and one Fellow being successfully recruited to the Innovation and Research team as a Project Officer for Innovation, Research Quality Improvement and Workforce where they will now apply their learning to the benefit of the system. The Quality Improvement Fellowship Steering Group has taken key learning and feedback forward to deliver a second cohort of this programme in 2022-23. Five Fellows were successfully onboarded as our second cohort, having been inducted on the 12th September. This cohort of Fellows spans a range of services and backgrounds, including Allied Health Professionals, Primary Care and Public Health.

Research has begun to emerge from the pause on new and non-COVID-19 related studies which was instigated during the pandemic. The Innovation and Research team have been working closely with the local Clinical Research Network to support their efforts to restart research locally, and to recruit primary care providers into new studies.

The Innovation and Research Team were also proud to be selected as a Category Winner in 2 of 10 categories at 2022's prestigious Health Service Journal (HSJ) Patient Safety Congress event for their poster presentations on 2 Innovation and Improvement Fund projects: the LEDER project won the category "working with vulnerable with a poster titled *"A cross-system programme to improve the health of people with a learning disability and reduce health inequalities in Salford"*, and the Steps Ahead project won the "patient voice" category for a poster titled *"The Steps Ahead project: Building bridges with young care leavers in Salford to improve their engagement with health and support services"*. This is the second year in a row that we have had winning posters at this event, and also the second year in a row that we have won the "patient voice" category, which celebrates *"projects that demonstrate the genuine co-production of patients with lived experience in reviewing processes and re-designing services"*.

Statutory duties, Governance and Policy

Claire Connor

During 2022/23:

- Governance for Salford Locality Board was approved by NHS GM.
- The first Locality Board meeting held in public.
- There is ongoing work to better understand the sub-committees / meetings within Salford Locality and what subsequent resource is required for each
- A section on Salford Locality has been submitted for inclusion within the NHS GM Annual Report

Financial Management

Elaine Vermeulen

Financial plans for 2022/23 were agreed in June 2022.

Strategic Planning and Risk

Emma Reid

Strategic Planning

The 2022/23 planning process was overseen by the Risk and Assurance Manager with oversight from the former CCG's Executive Team, Joint committees & the Integrated Leadership Team. NHS Planning and

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Priorities guidance received on 24th December 2021 was included in the planning process. The Integrated Commissioning plan was presented to and approved by the former CCG's Governing Body in June 2022 and the joint commissioning committees for Adults, Children's and Primary Care endorsed their respective parts of the plan.

Integrated Commissioning for Health and Care in Salford aims to provide high quality person-centred care for all, putting Salford people at the heart of everything we do. In support of this, the six strategic themes outlined in the plan remained the same as in previous years and consist of:

Children's and maternity services

- Adults Services
- All Age Mental Health
- Primary Care
- Quality, safety, innovation, and research
- Enabling transformation

The Annual Plan 2022/23 was monitored through the corporate management system, Pentana and as part of the staff appraisals process.

Planning meetings have been taking place with system partners to discuss the planning requirements for 2023/24. NHS Planning and Priorities guidance for 2023/24 was received on 24th December 2022 and has been included in the planning process.

Strategic Risk Management

The strategic risks for Salford locality are held on the Salford Integrated Care Partnership and Council's corporate management system, Pentana and reviewed and updated by Senior Managers on a bi-monthly basis. Salford system partners have been approached to provide details of any additional strategic risks for consideration.

Strategic risks are reported to Locality Board on a six monthly basis for discussion and comment.

Contracting

Phillip Kemp

The Salford locality no longer has its own contracting function as those staff have now transferred to the Greater Manchester Healthcare team.

Estates

Elaine Vermeulen

Excellent progress is being made on improving utilisation of the bookable space at the major Gateway buildings and we are now turning our attention to improving the information required to manage utilisation at the other NHS Property Services buildings in the city.

IM&T

Caroline Rand

Sharing Records

Clinicians in Salford Care Organisation have access to the shared care record. There are Greater Manchester wide projects to manage extension of access to other groups e.g. community pharmacists.

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Salford Implementation Project

The project to engage with social care in Salford is in flight with an expected go live date of September 2023. The use of end of life shared care record is scheduled to go live in June 2023.

General practice use of the GMCR has increased following training and there are now regularly 400 unique users per month using the record. Training and support will be followed up as part of the end of life project

Salford Locality Integrated Care System (ICS) Transition

Hannah Dobrowolska

Salford locality has progressed well with the transition to ICS arrangements.

Locally we have continued to develop and embed our new collaborative arrangements, including how our finances and governance works, and how our teams work together to recover from covid, and ensure we continue to focus on preventative and integrated approaches to system challenges.

We have played an active role in the development of pan GM functions and ways of working, where working at this scale delivers benefits. We have also contributed to setting the strategy for the ICS.

There is still further we need to go at both the local and pan GM level to fully embed these new ways of working, much of this can only happen as we work through real issues together in the coming months. We look forward to being involved in implementing recommendations from the current finance, governance and leadership reviews to continue to improve our NHS GM and GM Integrated Care Partnership approach and delivery.

Engagement, Inclusion & Development, HR & Social Value

Claire Connor

Engagement

- Continued to provide resource to the pan-GM engagement function, ensuring the new organisation was able to meet its statutory duties.
- Continued to provide resource to the Salford Engagement Cell, linking partners from across the city
- Focus for Engagement Cell shifted to cost of living.
- Panel event held.
- Planning for co-production event with d/Deaf community.

Human Resources (HR)

- Staff consultation launched for all staff (not including those in senior team).
- Continued to maintain relationships with Trade Unions.
- Locality senior team appointed.

Organisational Development (OD)

- Continued to deliver OD programme for the Locality Board and the Provider Collaborative.
- Continued to ensure mandatory training compliance remains high across Locality team.
- Continued to deliver [My]Work programme, ironing out issues arising from working in the office and understanding why uptake hasn't been as high as originally thought.
- Delivered an all staff away day in December and March.

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Social Value

- Thermometers distributed across Salford network, encouraging people to heat their homes efficiently.

Diversity & Inclusion

- Recruitment underway for 8x learning disabilities champions with lived experience to sit on various partnership boards.
- Celebrated disability awareness month with 2 x online awareness sessions for frontline staff to understand more about caring for members of the d/Deaf community.
- Scoping on-demand BSL services for primary care.
- Promoting race equality week.
- Three EIA / screeners drafted.

Appendix 2 - Salford delivery framework - Greater Manchester context

Greater Manchester (GM) Context	Framework	Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives Greater health equity in GM			
	Beacon Indicators and Priority Areas	Housing, transport and the environment Communities and Place Public Health Work and employment Income, Poverty and Debt Early years, children and young people	<ol style="list-style-type: none"> 1. Build back fairer for future generations – prioritise children & young people 2. Build back fairer resources – rebalance spending towards prevention 3. Build back fairer standards – for healthy living 4. Build back fairer institutions – extend anchor institution approaches to VCSE & businesses 5. Build back fairer monitoring & accountability – develop equity targets 6. Build back fairer through greater local power & control – devolution 		
	Vision and Shared Outcomes	Greater Manchester Strategy We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region. A GM where everyone ...			
		Has a fair opportunity to live a good life	Experiences high quality care and support where and when they need it	Has improved health and wellbeing	Works together to make a difference now and for the future
	Shared commitments and Key Priorities (Missions)	<p>Together we will ...</p> <ul style="list-style-type: none"> • Ensure our children and young people have a good start in life • Support good work and employment • Enable local environments which support good health for everyone • Play a full part in tackling poverty and long-standing inequalities • Ensure that health and care services are accessible • Reduce unwarranted variation in access and experience of care • Use technology to improve care for everyone • Drive continuous improvements in the availability and quality of care • Ensure we have a sustainable workforce that is supported to provide the best possible care • Enable everyone to have a healthy lifestyle • Use the strengths of communities to enable wellbeing • Build trust and collaboration between partners to ensure co-ordinated services • Ensure that all our services recover from the effects of the pandemic as effectively and fairly as possible • Secure a greener Greater Manchester • Ensure that health and care organisations play their part in social and economic development • Manage public money well to achieve our objectives and ensure value for money • Be at the forefront of innovation and discovery in health and care 		Strong communities	<i>Supporting our communities to help each other and improve social connections; to help people remain independent whenever possible, through the promotion of self-care and prevention; to strengthen connections between health, care and welfare support services; and to ensure accessibility of universal services for all, by directly tackling digital exclusion, improving the reach of services into disadvantaged communities, and the way services are provided to those with multiple disadvantage</i>
			Economic inclusion	<i>Creating the conditions for good lives and acting on the relationship between poor health, economic participation and productivity;</i>	
			Our workforce	<i>Demonstrating through action and reward the value we place on those providing care across health and care, our statement of commitment to support, retain, develop and enable wellbeing in our workforce, as well as at home for carers.</i>	
			Early detection	<i>Partnering with our residents and communities to reduce mortality, particularly from cancer, CVD, and respiratory diseases. Moving systematically and in an evidence based way from a reactive, crisis model which deepens inequality to one dependent on integrated neighbourhood working, anticipatory & person centred care.</i>	
			Financial sustainability	<i>A clear response to the depth of the financial challenge we face. Addressing the cost drivers in the system, for example by heading off the need for high cost placements and crisis provision, supporting medicines optimisation, and improving productivity through digital technology.</i>	

Salford delivery framework - Salford Locality Plan summary (city-wide, multi-agency, 5 year plan 2020-2025)

Health and Wellbeing Board (HWBB)	Vision	Salford is a place where everyone can enjoy the best opportunities that Salford has to offer. People in Salford will get the best start in life, will go on to have a fulfilling and productive adulthood, will be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing. People across Salford will experience health on a parallel with the current 'best' in Greater Manchester (GM), and the gaps between communities will be narrower than they have ever been before.				
	Our core outcomes	1. People will live longer and those years will be lived in good health (Increased healthy life expectancy for all). 2. The gap in life expectancy between the most and least deprived communities in the city will be reduced (inequalities index).				
	Priorities	<p align="center">Starting Well</p> <p>Children in Salford will have the Best Early Start.</p> <p>Children and Young People will Develop Well in Salford.</p>	<p align="center">Living Well</p> <p>People will value being and feeling well in Salford.</p> <p>Carers in Salford will be supported to be and feel well.</p>	<p align="center">Ageing Well</p> <p>People in Salford will live independent Active Older Age.</p> <p>Salford offers best care for Later life and Dying well.</p>	<p align="center">Places, Communities and Neighbourhoods</p> <p>Salford places will promote health and wellbeing.</p> <p>Communities and Neighbourhoods in Salford will promote health and wellbeing.</p>	<p align="center">Enablers</p> <p>Partners in Salford will Enable Transformation.</p> <p>We will work together to Deliver our Locality Plan.</p>
Locality Plan Delivery 2020-2025	Workstreams	<ul style="list-style-type: none"> Saving Babies Lives Salford Early Years Delivery Model Early Help Integrated Working Transforming Care and Neurodevelopmental Pathway Earlier identification of Emotional Wellbeing needs Parent Peer Support Offer for the Parents of Children with Wellbeing needs Adverse Childhood Events Childhood Obesity Oral Health Immunisation Domestic Abuse No Wrong Door (Route29) The Neglect Strategy Supporting Transitions 	<ul style="list-style-type: none"> Mental Health promotion IAPT The Living Well Programme Suicide Prevention Sexual Health Early diagnosis of Cancer Diabetes education Health Protection, tackling infectious diseases and reducing antimicrobial resistance (AMR) Learning disability The Salford Carers' Strategy 	<ul style="list-style-type: none"> Active contribution Supporting independence Falls prevention Frailty and multiple comorbidities Intergenerational work Eat, drink and live well Greater Manchester Palliative and End of Life Care Framework Children and young people end of life and palliative care services Enhanced seven-day specialist palliative care service and hospice inpatient services Hospice and community support National Dying Matters 'Let's Talk About It' campaign 	<ul style="list-style-type: none"> RHS Garden Bridgewater City Forest Park Bridgewater Canal masterplan The Local Plan The Green City Programme Vibrant District centre Housing Strategy Physical Activity/Sport Active Travel Climate change Wellbeing and Welfare The Great Eight priorities Providing Opportunities for Communities to Make Changes to Their Health and Wellbeing Strengthening and investing in the VCSE sector Wellbeing Matters The five Primary Care Networks (PCNs) Integration and transformation The Digital Strategy The strategy for Culture, Creativity and Place Coproduction 	<ul style="list-style-type: none"> Social value Quality care Integrated new models of care Elective care Urgent and emergency care Estates Workforce Supportive technology Research and innovation Salford Health and Wellbeing Board Commissioners and providers of Health and care services Partnership Boards, groups and key projects
	How we will measure progress	<ul style="list-style-type: none"> Perinatal mental health Smoking at time of delivery Infant Mortality School Readiness Emotional health and wellbeing Childhood Obesity Immunisation Education Outcomes Young People Not in Education, Employment or Training (NEET) Neglect 	<ul style="list-style-type: none"> Tobacco Harm Alcohol harm Substance misuse Mental Health Suicide prevention Breast screening Cervical screening Bowel Screening Diabetes prevention Outcomes for people with learning disability Quality of life for carers Support for working carers Following a transformation test of change 	<ul style="list-style-type: none"> Dementia prevalence and admissions Falls admissions Quality of Care provision Measures of Active Contribution Salford Electronic Palliative Care Co-ordination System Salford Palliative and End of Life Care Action Plan Quality Improvement 	<ul style="list-style-type: none"> Community safety indicators Participation in lifestyle and cultural activities Adults undertaking physical activity Affordable housing and new housing delivery Homelessness preventions and Households in temporary accommodation Clean Air Plan Carbon footprint or reductions Health and Wellbeing Survey 2020/21, and the UK Census 2021 Male and female life expectancy and ward inequalities All age all cause mortality, and mortality considered preventable Childhood poverty, food and fuel poverty Evaluation of new health care models Investment into the VCSE sector Coproduction of innovative local solutions (case studies) Progress towards Living Wage health and wellbeing economy Social Impact reports Numbers and growth of social enterprises and start-ups. 	<ul style="list-style-type: none"> Research and innovation Antimicrobial resistance and medicines safety Safer care homes and quality audits Waiting times and numbers waiting Numbers of outpatient attendances Numbers of delayed transfers of care Family and friends test Environmental impact of health and care Locality financial monitoring. Quarterly themed reports to Health and Wellbeing Board Annual Locality report and Core JSNA Annual Public Health Report
Provision and delivery of Locality Plan outcomes through shared long-term priorities, system-wide partnerships and alignment of independent, sector specific organisational plans.						

Salford delivery framework - Plan on a page for Health and Care in Salford 2023/24 (Year 4 of 5 of Locality Plan)

Locality Board Commitments	Further integration of health and care	Strengths based approaches	Workforce	Financial Sustainability
Provider Collaborative Priorities	Neighbourhood Working	Access (including workforce)	All Age Mental Health	
Locality Plan Themes	Areas of focus for 2023/24		Measures of success in 2023/24	
Starting Well <ul style="list-style-type: none"> Children in Salford will have the Best Early Start Children and Young People will Develop Well in Salford 	WIDER DETERMINANTS	<ul style="list-style-type: none"> Full take up of childhood immunisations Reduction in number of cared for children Reduced absence from education Enriching opportunities for Salford young people 	<ul style="list-style-type: none"> Increased uptake of immunisations and vaccinations through communication and targeting of low take up communities. Rate of Cared for Children per 10k of the population is reduced compared to statistical neighbours. Children and young people are achieving over 96% attendance in education and / or early years settings. Improved access and wait times in services 	
Living Well <ul style="list-style-type: none"> People will value being and feeling well in Salford Carers in Salford will be supported to be and feel well 		<ul style="list-style-type: none"> Raise awareness of the physical activity opportunities available across the city and the benefits of moving to key audiences Improving access to mental health support Transforming Community Mental Health services New alternatives to A&E for people in mental health crisis Enabling people to live closer to home with the right mental health support Introduce a new Adult Social Care strategy with strengths based approaches at its core 	<ul style="list-style-type: none"> Increase in participation of previously underrepresented groups in active travel, sport and leisure Living Well rollout, access and outcomes Listening Lounge roll out, access and outcomes Community Rehab model roll out access and outcomes Increase in the number of direct payments being used to purchase non-regulated support 	
Ageing Well <ul style="list-style-type: none"> People in Salford will live independent and fulfilled lives into Active Older Age Salford offers the best possible care for Later life and Dying well 		<ul style="list-style-type: none"> Promote infection control and business continuity across health and social care settings Improving access to Dementia support Improve the information and advice offer to older people to reduce, delay or stop the need for care and support 	<ul style="list-style-type: none"> Halt the increase in rates of Health Care Associated Infection, including MRSA, C. difficile and E coli in hospital and in community Dementia diagnosis rates Improve the number of people who say they find it easy to get information about adult social care (from ASC survey) or Reduce the number of older people who contact ASC who do not meet the eligibility threshold for care act services. 	
Places, Communities and Neighbourhoods <ul style="list-style-type: none"> Salford places will promote health and wellbeing Communities and Neighbourhoods in Salford will promote health and wellbeing 		<ul style="list-style-type: none"> Roll out of communication campaign for access, services, and roles Roll out of good practice for care navigation in primary care Work with communities to tackle inequalities and increase uptake of community based and primary care prevention programmes Implementation of proactive care as per national guidance Develop and codesign a strategy with people and stakeholders which sets vision and plans for integrated working in communities for Health and Wellbeing 	<ul style="list-style-type: none"> Increased use of appropriate alternative roles and services Improvement to public feedback and experience on Access, as measured by surveys Increase in the number of people accessing the community based and primary care prevention programmes (leading indicator) Increased uptake of screening, immunisation, health checks and smoking cessation Evidence of engagement of citizens who will be directly impacted and included with co-design Referrals to Proactive Care pathway per GP practise across Salford 	
Enablers <ul style="list-style-type: none"> Partners in Salford will work together to Enable Transformation We will work together to Deliver our Locality Plan 		<ul style="list-style-type: none"> Roll out mental health first aid adult training, promoting the Five Ways to Wellbeing and Creative health strategy Strength Based Strategy and communications to be implemented by all providers to develop Strengths Based Approaches and Culture 	<ul style="list-style-type: none"> 500 frontline staff across Partners in Salford trained by the end of 2023/2024 Strategy and implementation plan agreed by all health and care providers 	

Appendix 3 - Salford City Council / NHS GM (Salford) - Integrated Care Leadership Team Annual Plan 2023-24

Strategic Programme	2023-24 Actions	Owner
Adults Social Care	New action: Prepare for CQC Adult Social Care Inspection.	Maggie Kufeldt
	New action: Develop the Section 75 action plan to support interim improvements and long term outcomes in relation to CQC inspection and Care Act compliance.	Judd Skelton
	New action: Produce Adult Social Care Information/Data/Performance.	Paul Walsh
	New action: Undertake Physical Health and SMI audit and action plan to support improvements in health checks for people eligible for physical health checks.	Judd Skelton
	New action: Undertake a stocktake of local provision for people with complex emotional needs.	Judd Skelton
	New action: Develop a local response to the new national suicide prevention strategy.	Judd Skelton
	New action: Support the strategic alignment of supported employment offers to align resources across the system.	Judd Skelton
	New action: Prevention/Wellbeing/Advice and information – links with PH and VCSE - community development – digital offer – comms strategy.	Paul Walsh
	New action: Develop a collective approach in relation to Autism friendly Salford including early intervention and an Autism Bill check.	Lyndsey Daly
	New action: Develop Adult Social Care Provider Forums.	Kerry Thornley
	New action: Undertake Tender and Procurement for Adult Social Care Market.	Kerry Thornley
	New action: Produce a Market Position Statement which is linked to Adult Social Care Joint Strategic Strengths and Needs Assessment.	Paul Walsh
New action: Develop a digital solution for Contract Reg.	Kerry Thornley	

Strategic Programme	2023-24 Actions	Owner
	New action: Develop an Adult Social Care Provider Workforce Strategy.	Kerry Thornley
	Undertake a remodel of the Reablement Service.	Maggie Kufeldt
	Develop Commissioning Standards for Technology Enabled Care.	Paul Walsh
	Development of a Learning Difficulties Commissioner Framework.	Paul Walsh
	Undertake a Healthwatch commissioning review – interdependency with other action. HWS can help.	Paul Walsh
	Implement the Direct Payment Strategy.	Maggie Kufeldt
	Develop a new service model for Care Act Advice and Information Service.	Paul Walsh
	New action: Undertake a tender/no-tender appraisal for Learning Difficulties Out of Area Placements for decision in Q1/Q2. Depending on the outcome, implement the second phase.	Paul Walsh
	Develop a revised service and contracting model for Extra Care and undertake procurement exercise.	Paul Walsh
	New action: Development of Commissioning and Contracting for Aspire.	Paul Walsh
Adults Community Health Care & Voluntary, Community and Social Enterprise (VCSE)	New action: Refine the Service Improvement Team’s work programme in line with the emerging GM Target Operating Model	Harry Golby / Neil Cudby
	New action: Review of 7-day palliative care service in acute & community and amend service spec to take account of changes in guidance and learning from the last 3 years (additional investment not required)	Andrea Lightfoot
	New Action: Work with partners to implement the Salford Diabetes Action Plan	Jane Roberts
	New Action: Review how locality supports reducing inequality and increasing uptake of vaccinations and immunisations	Harry Golby

Strategic Programme	2023-24 Actions	Owner
	System partners to review, clarify responsibilities/scope/remit and re-invigorate the approach to neighbourhood leadership to build, improve and further develop integrated neighbourhood delivery (Locality wide workstream)	Harry Golby / May Moonan
	Reworded action: Work with the CVS to jointly agree the Third Sector Fund future plans	Andrea Lightfoot
	New action: Provide support to the various GM Long Term Condition groups and engage with locality clinical teams to ensure Strategic Clinical Networks (SCN) workplans are delivered and services are achieving against these plans within Salford	Andrea Lightfoot
	New Action: In line with the Salford Standard Review uptake by primary care of the new EPaCCS element of the GMCR following roll-out in April and provide support to practices to encourage engagement	Andrea Lightfoot
	New Action: Confirm commissioning arrangements for Empower You for beyond current contract end date of December 2023 (option for 1+1 extension)	Jane Roberts
	New Action: Undertake service review of Social Prescribing and confirm commissioning arrangements for post March 2024	Jane Roberts
	New Action: Undertake service review of Healthy Living Centres and confirm commissioning arrangements for post March 2024	Andrea Lightfoot
Adults Public Health	Recommission the new service specification for Sexual Health service (SHS) and ensure consistency for quality metrics across the main PH Commissioned services.	Anna Twelves / Helen Dugdale
	Oversee the Improvement Plan for the existing SHS contract for the extension period from this to the new provider specification.	Gillian McLauchlan / Anna Twelves
	Lead the Immunisation and Cancer Screening Group to support the uptake across all NHS screening and immunisation programmes.	Gillian McLauchlan /Bev Wasp
	Lead the health protection response and infectious disease prevention and control working across council, NHS and wider partners, dealing with surges and outbreaks.	Bev Wasp
	Management of Health Care Associated Infection: Monitor C. difficile and methicillin-resistant Staphylococcus aureus (MRSA) rates and develop work programmes to support the maintenance or possible reduction in rates.	Bev Wasp
	Management of Health Care Associated Infection: Monitor cases and provide advice and support across the health and social care system to support the reduction of Escherichia coli (E. coli) rates.	Bev Wasp
	Implement programmes of work across 0-19 including early years and primary school settings to improve oral health in children and reduce GA extractions.	Bev Wasp

Strategic Programme	2023-24 Actions	Owner
	Improve oral care in all elderly care homes by implementing a training programme for care home staff and setting up a robust in-house oral health programme.	Bev Wasp
Urgent Care Services	New Action: Undertake a procurement exercise for the EPiC 24 model and mobilise the service from 1 st April 2024	Stephen Tilley
	New Action: Monitor the PCN delivery of Enhanced Access in line with DES requirements and initiate improvement plans as required	Neil Cudby
	New Action: Implement the recommendations from the PANDA review	Eejay Whitehead
	New Action: Deliver local actions in response to GM Urgent Care System Board and GM SORT priorities	Neil Cudby / Stephen Tilley
	New Action: Work across the Four Localities Partnership to support delivery of the Discharge Integration Frontrunner Programme and a reduction in people categorised as 'No Reason To Reside'	Stephen Tilley
	Work with system partners to design, plan for and commission Anticipatory Care services in line with the forthcoming national operating model for Anticipatory Care	Jane Roberts Tori Quinn
Elective Care & Cancer	Support delivery of the GM Dermatology Transformation Programme and any associated local workstreams	Eejay Whitehead
	New Action: Work across the Four Localities Partnership on the disaggregation of NMGH services	Harry Golby
	Reworded action: Deliver local actions in response to GM Cancer System Board priorities	Saiqa Farooq
	Reworded action: Work across the Four Localities Partnership to deliver a programme of referral optimisation and elective demand management, with a particular focus on Dermatology, Gynaecology and Orthopaedics.	Eejay Whitehead
	New Action: Work with SCO to review pathways and maximise benefit from Large Community Diagnostic Centre hub with major imaging modalities at West One Retail Park	Neil Cudby
	New Action: Review pathways through PCN level CDCs, address any quality issues and explore opportunities to open pathways to non-Salford providers	Neil Cudby/Tori Quinn
	New Action: Deliver local actions in response to GM Elective Recovery and Sustainable Services System Boards priorities	Neil Cudby
	New Action: Specialist Adult Weight Management Service (T3) – Support development of pharmaceutical weight management pathways for newly approved pharmaceutical treatments	Karl Kantor

Strategic Programme	2023-24 Actions	Owner
	New Action: Specialist Adult Weight Management Service (T3) – Work with GM localities who are associates to the T3 contract and SBS Procurement to undertake an assessment of the need to re-procure T3 services beyond 23/24	Karl Kantor
Adults Mental Health	Continue to support the transformation of Community Mental Health Teams	Clare Mayo
	Co-ordinate the approach for parent-infant mental health including Improving Access to Psychological Therapies (IAPT) and early intervention to improve attachment and bonding	Emily Edwards/Clare Mayo
	Develop diagnostic and post diagnostic services for ASD (Autistic Spectrum Disorder) in line with national policy and standards	Lyndsey Daly
	Develop a Salford priorities Programme in response to the GM Autism strategy	Lyndsey Daly
	Develop a remodelled adult ADHD diagnosis service	Lyndsey Daly
	Improve and widen the offer for complex service users/rehab/specialist placements, including repatriation	Tony Marlow/Clare Mayo
Mental Health Crisis and Hospital to Home	Improve crisis care response in Salford including early intervention/prevention and step-down support for Young People in distress and improve co-ordination across pathways and between services, learning form the Parachute pilot and transition to new model of delivery	Deborah Blackburn / Emily Edwards
	Support the mental health supported accommodation tender process	Clare Mayo
	Oversee the development of the Urgent Care Listening Lounge and the approach to Community Listening Lounge offers.	Clare Mayo
Children’s Public Health	Increase uptake to 95% achievement of NCMP coverage and proactive follow up.	Steven Gavin
	Develop a PH led, whole system approach to food and healthy eating contributing to an ‘All Age Healthy Lifestyle Strategy.’	Steven Gavin / Peter Locke
	Continue to work with ICB locality on the redesign of the weight management pathway and strengthen the services for children and young people linked to NCMP.	Steven Gavin
	Continue the programme to minimise risky behaviours and support children and young people in Salford to make healthy choices and stay safe.	Tim Rumley / Steven Gavin
	Undertake a review of unintentional injuries and develop a plan to reduce the causal factors with a focus on early years.	Becky Bibby / Steven Gavin
	Initiate work in West Locality as part of Innovate for unintentional injuries linked to family hubs.	May Moonan / Foyzul Gani
	Recommission the new service specification for 0-19 service and ensure consistency for quality metrics across the main PH Commissioned services.	Steve Gavin

Strategic Programme	2023-24 Actions	Owner
Children's Health	<p>Reworded action: Work with system partners to ensure the health services are accessible and meet the needs of Children and young people with Special educational needs and disability (SEND) and their families in line with the SEND strategy.</p>	Wendy Hodgson
	<p>Reworded action: Work with providers and system partners including Maternity Voices Partnership (MVP) to agree and support implementation of plan for resuming birth activities at Ingleside in <u>Oct 23</u> including regular updates to Locality board.</p>	Wendy Hodgson
	<p>Reworded action: Work with system partners implementing the asthma care bundle and the Children and young people Core 20 plus 5 objectives to reduce avoidable admissions in children from Asthma, Epilepsy, Gastro and Diabetes</p>	Wendy Hodgson
Public Health - NHS Planning Guidance	<p>We will need to work with partners for a whole system response and especially work with the PCNs on the Salford Standard and wider population health developments.</p> <ul style="list-style-type: none"> • Develop robust plans for the prevention of ill-health, led by a nominated senior responsible officer (SRO). These plans should reflect the primary and secondary prevention deliverables as outlined in the NHS Long Term Plan, and the key local priorities agreed by the ICS. Plans should set out how system allocations will be deployed to: • Progress against the NHS Long Term Plan high impact actions to support respiratory, stroke and cardiac care, implementing new models of care and rehabilitation, including remote and digital models, and increasing respiratory, hypertension, atrial fibrillation and high cholesterol detection and monitoring/control to pre-pandemic levels. • Gap analysis completed by Fiona Smith for the <p>2023-24 NHS Planning Guidance covering primary care/PCNs and secondary care. Also consider Core 20PLUS5 Adults and Children and the GM ICS 4 strategic aims. Locality Board high level priorities and plan in place by May 2023 (led by Emma Reid).</p>	Muna Abdel Aziz/Harry Golby
	<p>Work with GM to develop further analytics capability for NHS data and PCN data such as segmentation and risk stratification, and to ensure PH access to GM Care record.</p>	Caroline Rand/ Gordon Adams
	<p>Identify areas of collaborative work with NCA on their role as an anchor organisation for staff, patients and visitors and on the pathways described in the NCA Population Health strategy.</p>	May Moonan

Strategic Programme	2023-24 Actions	Owner
	Ensure the Salford locality approach to social prescribing links data reporting back to primary care and enables access to wider community services.	Nicola Prescott / May Moonan
	Ensure the community elements of cancer and CVD prevention programmes are taking place at scale across PCN / neighbourhoods using QI approach to improve and protect health and wider determinants.	May Moonan / Fiona Hamilton
	Lead PH primary care prevention programmes in partnership with Healthy Living Pharmacies and maximise the PH prevention programmes in pharmacies across the city.	Fiona Hamilton
	Agree the new model for Health Checks delivery and funding in 2023/24 and beyond.	May Moonan / Peter Locke
Primary Care Digital	New action: To ensure that practices & PCNs have software tools to enable implementation and monitoring of the Salford standards and other targets.	Caroline Rand
	Reworded action: Contribute for the Salford locality to the GM ICS IM&T plan with local sections on digital inclusion, NHS app usage, increased digital maturity in Primary Care and It contribution to net zero. Local plan will include local innovations as agreed with PCNs	Caroline Rand
	Implement the GM Primary Care Digital First Programme which includes citizen engagement - (NHS plan states - Put digital tools in place so people can be supported with high quality information that equips them to take greater control over their health and care.	Caroline Rand
Primary Care Estates	Reworded action: Submit a Project Initiation Document for the Quays development to NHS GM estates for approval to develop the business case.	Elaine Vermeulen
	Reworded action: Review planned developments at the Limes, Gill, Orient Road, Langworthy and Lower Broughton in line with the outcomes of the PCNs' estates strategies and assess whether alternate plans need to be devised, or the original schemes should be progressed in line with NHS GM estates governance.	Elaine Vermeulen
Primary Care Transformation	Reworded action: Review the arrangements for the Low Vision Aids LCS and implement any recommendations	Jane Bell
	Reworded action: Support the evolution of Salford's primary care networks and GP federation	Harry Golby

Strategic Programme	2023-24 Actions	Owner
	Reworded action: Develop a Salford response to the national General Practice Access Recovery Plan, considering actions at locality, primary care network and GP practice levels	Sam Glynn-Atkins and Anna Ganotis
	Reworded action: Work with GM primary care colleagues to contribute to the development of new GM policies and ways of working, as required.	Anna Ganotis
	Reworded action, split into two parts: a) Complete the development of the 23/24 Salford Standard (new priority KPIs) and b) develop the 24/25 Salford Standard	Jane Bell;
	Reworded action: Review the plans for the transfer of the Asylum Seeker Service and adapt and implement plans as required	Jane Bell
	New action: Review the options for commissioning the interpretation and translation service as from 1 April 2024	Sam Glynn-Atkins
	New action: Review the options for commissioning the pathology collection service as from 1 April 2024	Sam Glynn-Atkins
	New action: Monitor the PCN delivery of Enhanced Access in line with DES requirements and initiate improvement plans as required	Neil Cudby
Primary Care Workforce	New action: Develop mechanisms and a programme plan to implement the workforce transformation elements of the GM People & Culture Strategy in the locality.	Satty Boyes
	New action: Provide programme management and delivery support to the People Focus Four Localities Workstream, broadening entry routes into health and social care.	Satty Boyes
Safeguarding	Determine and Implement ICS place level Safeguarding governance arrangements	Liz Walton
	Ensure the ICB continues to meet its statutory duties in relation to safeguarding children and adults, operating as a key strategic partner within the safeguarding partnership arrangements. Deliver targeted work on / including: - Complex safeguarding - Domestic abuse - Self-neglect and neglect - MCA/ LPS	Liz Walton
	Reworded action: Implement the ICP Safeguarding Strategy as via GM SG Business Group	Liz Walton

Strategic Programme	2023-24 Actions	Owner
	Reworded action: Strengthen existing safeguarding assurance processes aligning to GM and Locality Quality Group arrangements	Liz Walton
Quality	New action: Ensure Salford has robust arrangements to make individualised commissioning decisions including continuing health care / funded nursing care, adult care & treatment reviews, childrens' care, education and treatment reviews, mental health	Michelle Williamson
	New action: Support the delivery of the GM Quality Strategy in locality, focusing in year 1 on quality priority workstreams and finalising governance assurance processes.	Michelle Williamson
Safer Salford	New action: Agree improvement programmes for delivery in 2023/24 as part of the Safer Salford Programme	Claire Vaughan
Medicines Optimisation	New action: Work across the Four Localities Partnership on a medicines optimisation CiP plan	Claire Vaughan
	New action: Deliver the prescribing cost improvement plan	Claire Vaughan
	New action: Deliver the prescribing quality plan	Claire Vaughan
Continuing Health Care (CHC) / Funded Nursing Care	Continue the move to paper light working and addressing compatibility with Salford City Council (SCC) Information Technology (IT) interfaces	Victoria Hall
	Provide clinical support to maximise the use of The Maples and reduce the reliance on out of area (OOA) placements	Victoria Hall
	Work with LPS lead/safeguarding to ensure LPS is embedded in care of those eligible for CHC	Victoria Hall
Quality Improvement	New action: Develop and deliver a 12 month work plan for Quality Improvement and align it to the transformation work	Nadine Payne
Statutory duties, Governance and Policy	No specific actions identified for 2023/24	
Finance	New action: Develop system based plans to address flow in and out of secondary care. These are to focus on three cohorts or specialities relating to A&E attendances, non elective admissions and GP referrals, and on reduction of mental health out of area placements.	Elaine Vermeulen
Efficiency Savings	New action: Establishment of a programme management office or programme of work to monitor and report on the identification and achievement of efficiency savings, both for the Salford locality and the Integrated Fund	Elaine Vermeulen
Strategic Planning and Risk	Work with locality partners to agree and deliver a place based system annual planning process for 2023-24 and 2024-25 incorporating national and ICS Programmes to deliver	Emma Reid

Strategic Programme	2023-24 Actions	Owner
	a balanced budget across pooled / integrated funds, contributing to locality level annual planning	
Estates	No actions identified for 2023/24	Elaine Vermeulen
Information Management and Technology (IM&T)	New action: progress the use of the GM Care Record and include social care engagement, end of life care plans and MDR care plans	Caroline Rand
Engagement, Inclusion and Development, HR and Social Value	Deliver the Social Value work plan with a focus on economic, environmental and social action, covering both GM and locality elements	Claire Vaughan
Salford Locality Integrated Care System (ICS) Transition	Determine and implement changes to how ICS functions are delivered following establishment, within the locality and/or between the locality and GM	Hannah Dobrowolska
	New action: Review effectiveness of Salford ICP arrangements	Hannah Dobrowolska