

## Community Impact Assessment (CIA)

<b>Title of proposal:</b>	Salford's Locality Plan
<b>Service Group/ Team:</b>	Health and Wellbeing Board
<b>Date of assessment:</b>	November 2015 – May 2016
<b>Lead CIA Officer:</b>	David Herne (SRO)
<b>Officers in Assessment Team:</b>	Anne Lythgoe, Adam Hebden
<b>Review Date:</b>	

**The findings of your CIA MUST be included within the report for decision and this document attached as evidence of your consideration of potential impact on communities.**

### Summary of Community Impact Assessment

Brief summary of proposal or what you are impact assessing

Salford's Locality Plan is the blueprint for the health and social care system in Salford for 2016-21, and supports the development and delivery of the Greater Manchester (GM) Health and Social Care Devolution Programme.

This Community Impact Assessment covers the Locality Plan strategic intent only – the changes and impacts that it is looking for in the health and wellbeing of the people of Salford. Additional Impact Assessments will be carried out where relevant for each of the major programmes of work described in our Implementation Plan.

How did you approach the CIA and what did you find?

Our approach to the community impact assessment was to use a comprehensive programme of both data and engagement to find out as much as possible about the needs, assets, opinions and distribution of a range of communities across Salford, including the 9 protected characteristics.

The Community Impact Assessment started with public and patient/user group engagement in the summer of 2015, focussed on the previous Joint Health and Wellbeing Strategy. The engagement sought to find out whether the previous priorities were still current, or whether local people from different groups and backgrounds thought that there were new and emerging priorities for health and wellbeing in Salford.

The engagement helped to shape the whole Locality Plan. For example, engagement showed that there needed to be a bigger focus on mental as well as physical wellbeing. The role of carers was highlighted, as well as a belief that 'health is everyone's business'. The particular needs of older people were investigated through the Integrated Care programme.

The Health and Wellbeing Board has been clear that the Locality Plan should clearly state

what local people should expect, and this is captured in the Plan's outcomes for people. Engagement has helped understand how these will impact on the protected characteristic groups within the local community, as well as further groups such as military veterans, ex-offenders and homeless people.

Furthermore, intelligence from Salford's Joint Strategic Needs Assessment has been used to better understand the characteristics, scale, and depth of the potential impacts on particular groups within the local population.

Key to what we found was a need to understand and acknowledge the recent increases in diversity and inequality in Salford's communities within the Locality Plan. We believe that we have done this, by digging beneath the headline measures and looking in detail at community make up, the assets which exist within communities, and have set out a strategy for approaching the individual needs and inequalities experienced by the different sectors of our population.

What are the main areas requiring further attention?

The Locality Plan policy objectives are:

- Ensure all children have the best start in life and continue to develop well during their early years
- Local residents achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities
- All local residents can access quality health and social care and use it appropriately

However, there will also be a need to embed equality of opportunity into the delivery of the Locality Plan. The next step will be to put in place a programme of community impact assessments linked to the main workstreams which will deliver the Plan.

Summary of recommendations for improvement

All policy and commissioning activity that results as a consequence of the Locality Plan should undergo a separate CIA to eliminate discrimination, advance equality of opportunity and/or foster good relations.

Where required, commissioning organisations will include KPIs into contracts to ensure positive outcomes for relevant groups where a particular need is indicated. Furthermore, equalities monitoring should be standardised to ensure a clear and consistent understanding is gained from services of any potential for one or more groups to be disproportionately affected by this Plan.

## 1. The proposal

This section should outline details of the proposal. This could include (where applicable)

- Description of the current service (policy, procedure, strategy, function)
- Explanation of the proposal
- Reason for the proposal
- Aim or purpose of the proposal
- Who should benefit from the proposal
- Who are the key stakeholders
- What outcomes are required from the proposal
- Details of other services on which the proposal could impact
- Social value considerations

**Salford's Locality Plan:** *Start Well, Live Well, Age Well Our Salford* - details the strategic approach to improving the health outcomes of residents of the City, while also moving towards financial and clinical sustainability of health and care services. It is the blueprint for the health and social care system in Salford for the next 5 years, and supports the development and delivery of the Greater Manchester (GM) Health and Social Care Devolution Programme.

The Locality Plan develops from and now replaces our Joint Health and Wellbeing Strategy 2013-2016, and has been led and coordinated by Salford's Health and Wellbeing Board. Setting out a clear set of priorities which will transform the commissioning of health and wellbeing services, it focuses delivery around 9 outcome statements which put citizens at its heart.

The Plan describes major changes in how the health and social care 'system' will appear and operate, as well as looking beyond current provision, to ensure that the greatest impact can be made through strategic influence across the wider determinants of health. It is felt that this focus on citizen health and wellbeing not only provides a road map for future action but encapsulates the drive and ambition of our city.

Partners will work together differently in the future, and the creation of an Integrated Care Organisation, an acute care "group" delivering patient centred highly reliable care at scale and lower cost, focus on place-based, neighbourhood focussed working and "Salford Standard" for Primary Care, are all examples of the shift towards prevention, efficiency and effective achievement of outcomes. We believe that integration should develop from a sound foundation of co-operation and partnership in our city; focussing on a common aim we will be able to really make a difference at a local level.

Our Plan focuses both on community based care, increasing efficiency through standardisation, use of digital technology and reductions in variation, and on prevention, expanding co-production, personalisation and social action in communities.

This Locality Plan is aligned with the GM Strategic Plan *Taking Charge of our health and social care in Greater Manchester*, but has been tailored to the specific assets, population and health characteristics of our City. It has been informed by our Joint Strategic Needs Assessment (JSNA) and engagement with citizens, patients and service user groups.

The Locality Plan is a requirement of the GM Health and Social Care Devolution deal made with government in February 2015.

The Locality Plan aims to achieve the maximum benefit for local people in terms of health outcomes, whilst also making the efficiencies required to achieve a financially sustainable health and care system by April 2021. Therefore, it contains the strategic outcomes for health and wellbeing as well as details of transformation of the health and care system.

Information about the Plan and a report on the engagement activities which have taken place can be found at <http://www.salfordccq.nhs.uk/salford-locality-plan>

**Evidence:** The outcomes contained in the Locality Plan have been developed using sound statistical evidence about the population of the City, supported by a programme of engagement involving public questionnaires, focus groups, patient panels and user group representatives.

We have used detailed information contained in our Joint Strategic Needs Assessment and in particular the neighbourhood profile information published at <http://www.partnersinsalford.org/jsnaprofilesalford.htm>

From our JSNA, we know that in Salford:

- 70% of the population live in areas classified as highly deprived
- Over 25% of young people under 16 in the city (12,300 children) live in poverty
- But 5% of the population live in wards amongst *least* deprived in the country
- We have the second highest proportion of primary school children eligible for free school meals in GM, at 24%, one and a half times the England average
- Early years & primary schools perform well – but success rates at GCSE are amongst the lowest in England
- Nearly 10% of the working population is long-term unemployed
- Salford's residents' health and wellbeing that is worse than the national average
- Life expectancy is increasing, but for women is 2.5 years less than the England average, for men 2.8 years less. The life expectancy gap **within** the City is increasing.
- Death rates are reducing but not fast enough to narrow the gap with the England average
- The major causes of ill health include CHD/CVD/Cancers & respiratory conditions

There are extreme health inequalities within Salford, most notably between the east and west of the city. Life expectancy for males and females across the city shows the difference between different parts of the city, currently around 11 years for females and 14 years for males (2008-12).

Salford's changing demography will present challenges in terms of service design and modelling. Although there will be a higher number of older people in Salford, it is predicted that the proportion of the population aged over 65 will increase at a slower rate than both England and Greater Manchester. Instead, Salford will have a population in 2021 which is young compared to the England average, containing a greater number of people in the under 5 and 20 to 39 age group.

**Strategic Vision:** *Start, live and age well in Salford* - Citizens 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 approach to achieve this prioritises prevention, self-care and public health, whilst creating integrated, effective and financially sustainable health and care services. The Plan is built around a whole life course model and incorporates the following outcomes for everyone in Salford:

**Starting Well Outcomes:**

- I am a child who is physically and emotionally healthy, feel safe and able to live life in a positive way

- I am a young person who will achieve their potential in life, with great learning, and employment opportunities
- I am as good a parent as I can be

**Living Well Outcomes:**

- I am able to take care of my own health and wellbeing, and am able to manage the challenges that life gives me
- My lifestyle helps me to stop any Long Term Condition or disability getting worse, and keeps the impact of this condition or disability from affecting my life
- I lead a happy, fulfilling and purposeful life

**Ageing Well Outcomes:**

- I am an older person who is looking after my health and delaying the need for care
- If I need it, I will be able to access high quality care and support
- I know that when I die, this will happen in the best possible circumstances

Detail of how it is planned to achieve these outcomes is attached at **Appendix 1**.

The key stakeholders in the delivery of this Plan come together as Salford’s Health and Wellbeing Board and include the City Council, NHS Salford CCG, Salford Royal FT, GMW MHFT, the City’s voluntary and community sector (represented by Salford CVS), Health Watch Salford, Greater Manchester Police, Greater Manchester Fire and Rescue Service, Greater Manchester Chamber of Commerce and Salford’s Strategic Housing Partnership (represented by City West Housing Trust).

**Transformation:** The Locality plan is presented in 3 sections:

**ENABLING TRANSFORMATION**

GM Standardisation of clinical support and back office functions

- Integrated commissioning arrangements
- Streamlined back office support across public sector organisations

GM Enabling better care

- Information management and use of digital technology
- Rationalisation of estates infrastructure
- Workforce capacity building
- Co-production and social value
- Innovation
- Public engagement

**PREVENTION**

GM Upgrading population health, prevention and self-care

- Social Movement for Change
- Place based working
- Best start in life
- Promoting healthy lifestyles
- Improving mental wellbeing
- Screening and early detection
- Wider determinants of health and wellbeing
- The role of carers

**BETTER CARE**

GM Transformation of community based care and support

- Quality of Care
- Integrated care
- Community based primary care

GM Standardisation of acute and specialist care

- Long term conditions
- Mental health
- Hospital care

Transformation work will be led by the following high level **strategic principles**:

- Salford will have the *safest most productive health and wellbeing system* in England, with consistently high quality service standards and metrics.
- Our *local citizens will help to shape and be fully engaged* in this system, but they will also recognise the vital role they have in sustaining it by maintaining their own health, supporting neighbours and friends, and contributing to the local economy.
- Across Salford, partners will come together across the public, private, faith, voluntary and community sectors to create a *fully integrated offer, local accountability and an accompanying reduction in the acute health and care sector* to reflect this shift.

Locally, partners across the city are developing proposals for transformation and reform across all service areas and sectors – at city level and within individual organisations. We will underpin the approach to our work going forward with the following **delivery principles**:

- Ensure care and services in Salford are financially and operationally sustainable, allocating resources to achieve the best outcomes
- Deliver services are high quality, safe and effective
- Integrate activity wherever possible in planning, commissioning, and delivery
- Put outcomes for people at the heart of the way we work and the care we provide
- Maximise the use of effective digital technology
- Ensure Salford learns and develops, using data and intelligence sourced from across the public, private and voluntary sectors
- Share leadership and responsibility across all sectors and stakeholders to achieve the best results for Salford people
- Enable care and support to be accessed as close to home as possible
- Focus on prevention and early intervention
- Ensure the transformation of care delivers benefits in the short, medium and long term
- Work closely with the people of Salford to shape what it looks like

**Consideration of equalities:** Our plans will be strongly aligned with local equality, diversity and human rights work in order to target protected characteristic groups for their input and feedback. This includes ensuring connectivity with the Salford Equality Strategy 2015 and the Salford Equality Network. Our greatest asset is the people who live and work in Salford. Ensuring equality in everything we do and recognising the rich diversity and opportunities provided by the communities within Salford is vital for our city moving forward.

The Locality Plan is built on the principles of delivering the four objectives of our Equality Strategy:

- Increasing voice and influence
- Promoting community cohesion
- Supporting and capacity building community organisations and individuals
- Maximising potential and realising aspiration

Part of our inclusive approach will be to include all partners in assessing the effects of transformation initiatives and specific programmes on vulnerable and protected characteristic groups. All partners can also help to minimise barriers and reduce inequalities and to ensure that services are provided so all groups can access the same level of care, as well as ensuring that services are culturally competent. Voluntary sector partners can be invaluable as they can reach into communities that do not engage with health services particularly well.

The Locality Plan includes a few selected health inequalities and health needs facts about Salford, which have informed our transformation initiatives. Within these inequalities, there are some protected characteristic groups who have worse health outcomes than others, (the Health Needs Assessments published at the [Council's website](#) describe some of these inequalities), and all programmes will reflect our understanding of these. We will keep refining our knowledge of the issues faced by specific groups in order to target information more

effectively and make sure that services are delivered in a way that enables access by these groups.

**Social Value:** Salford embraces the findings and recommendations contained in the recent UCL report<sup>1</sup>, and will make connections between social value and health equity – using commissioning decisions, procurement processes and contract management to seek the maximum social, environmental and economic wellbeing benefit from public sector spending. We hope that having a broader understanding of the wider determinants of health, when linked with an aspiration to maximise social value, will lead to sustained impacts on population wellbeing, and will use social value to take action on health inequalities. Budget savings must be made, but a broader focus on outcomes as well as fiscal benefit should underpin the decision-making and transition processes, if the wellbeing of the people of this city is not to suffer. We will maximise the value achieved from our reduced resources through social value opportunities which will make the most difference, including a focus on behaviour change, community resilience and the wider determinants of health.

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<sup>1</sup> UCL Institute of Health Equity 'Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health'

## 2. Evidence and research

What equality information (qualitative and quantitative), research or other intelligence have you used to develop this proposal?

This can include; equality monitoring information, census data, customer satisfaction surveys and feedback, inspection reports, desktop research (local, regional and national), professional journals, feedback from individuals and groups. Details of information considered when assessing the impact should be published (whilst ensuring individual confidentiality).

Information source	What has this told you?
Joint Strategic Needs Assessment – <a href="#">neighbourhood profiles</a>	<p>The neighbourhood profiles contain information about the inequalities which exist across the City in terms of health, population demographics and where people who might fall into some of the protected characteristics might live.</p> <p>The Joint Strategic Needs Assessment highlights a number of key messages about health and wellbeing needs of different groups of people. Evidence suggests that a life-course approach to improving health and wellbeing should be adopted to ensure that all ages are considered appropriately in the Plan.</p> <p>The Joint Strategic Needs Assessment states that the ethnic diversity of Salford has changed significantly in recent years. Not only has there been a rapid growth of the Black and Minority Ethnic (BME) population as a whole, but there is a greater diversity of communities. There are a number of well established ethnic minority communities in the city include the Yemeni, Bangladeshi and Pakistani communities in Eccles. There are other Black and Minority Ethnic communities which are more geographically dispersed. And Salford has seen a rapid growth in its Black African communities. In addition, the rapid growth in migrants from eastern Europe has added a whole new cultural aspect to a range of areas in the city.</p> <p>The increasing diversity across the city has implications for health and social care services, to be flexible and accessible to a wide range of needs.</p>
Joint Strategic Needs Assessment – <a href="#">thematic needs assessments</a>	<p>Thematic needs assessments look in depth at the health and wellbeing characteristics and needs of specific groups within the population. Recent work has included:</p> <ul style="list-style-type: none"> <li>• Children and young people (including detailed data review)</li> <li>• Cancer sufferers</li> <li>• Domestic abuse</li> <li>• Drugs and alcohol use</li> <li>• Patterns of mortality across the city</li> <li>• Population health and wellbeing statistics</li> <li>• Deprivation</li> <li>• End of life care</li> <li>• Residential care</li> <li>• People with learning disabilities</li> <li>• Mental wellbeing</li> <li>• Suicide</li> <li>• Carers</li> <li>• Gypsy, Roma and traveller populations</li> </ul>

	<ul style="list-style-type: none"> <li>• Homelessness</li> <li>• LGBT</li> <li>• Orthodox Jewish Community</li> </ul> <p>All of the above have been utilised, where relevant, to inform the development of the Locality plan; for example: Evidence suggests that people with a disability can experience different health and wellbeing outcomes. For example,</p> <p>The Learning Disability Needs Assessment states that :</p> <ul style="list-style-type: none"> <li>• People with learning difficulties have a shorter life expectancy and increased risk of premature death when compared to the rest of the population (66 versus 80)</li> <li>• People with learning disabilities are two and a half times more likely to have health problems than other people.</li> </ul> <p>The above inequalities are associated with the following increased risk of exposure to well established ‘social determinants’ of health:</p> <ul style="list-style-type: none"> <li>• Communication difficulties and reduced health ‘literacy’</li> <li>• Personal health risks and behaviours</li> <li>• Deficiencies in access to and the quality of healthcare provision</li> </ul> <p>As a result of this evidence the joint health and wellbeing strategy has prioritised key outcomes to address the increased risk factors associated with disability which will impact at all stages of life. This is further described in the Living Well section of the Plan.</p> <p>From the LGBT Needs Assessment, we know that: Trans gender people are:</p> <ul style="list-style-type: none"> <li>• far more likely to live alone with fewer support networks in later life</li> <li>• Nearly half of trans people smoke, compared with a quarter of their heterosexual peers</li> <li>• 41% of trans people reported attempting suicide compared to 1.6% of the general population</li> </ul> <p>It has been difficult to be sure of the impact of religion or belief has on health and social care outcomes as primary care does not routinely record religion. In addition to this the definition of religious beliefs may be open to interpretation certain communities. However, an example of the barriers faced by some religious groups are exemplified Orthodox Jewish population, these include; access to services, up take of immunisation and vaccinations and screening services.</p> <p>Recent data reported in the Needs Assessment for Carers in Salford states that Carers fulfil a highly important role in providing unpaid care for family members and friends who have care needs. However, carers can themselves experience poor health and financial stresses and this can put them at a higher risk of becoming in need of care themselves. There are risks to physical and mental health and financial health to both adult and young carers. The social and educational development of young carers may be adversely affected by their caring role. These risks increase when substantial care is provided.</p>
<p>Public Health Outcomes Framework (PHOF) benchmarking tool</p>	<p><a href="http://www.phoutcomes.info/profile/cyphof">http://www.phoutcomes.info/profile/cyphof</a></p> <p>This tool allowed the analysis of population and health information across Salford against its statistical ‘nearest neighbours’, in order to better understand whether a particular statistic is better or worse than others. This can help assign a relative importance to the measures.</p>

<p>State of the City Research</p>	<p>This research presents a summary of the characteristics of Salford's population, as well as statistics on housing, development, the economy, etc. This was used to better understand diversity in the population of Salford, as well as how physical and economic factors might impact differently on different groups in the population.</p> <p>For example: Research shows that the gradient in life expectancy for men and women between social groups is persisting and the differences in preventable deaths exist not only by social group but by geographical area. This pattern is reflected in Salford, with wide variations in both the quality of life and length of life people are living.</p> <p>In childhood poverty is linked to:</p> <ul style="list-style-type: none"> <li>• Low birth-weight</li> <li>• Higher mortality rates;</li> <li>• Worse physical health and mental health outcomes ,</li> <li>• Unhealthy Lifestyle behaviours</li> <li>• Teenage Pregnancy</li> <li>• Poorer maternal health</li> </ul>
<p>City Equality Strategy</p>	<p><a href="http://www.partnersinsalford.org/documents/Equality_Strategy_2015.pdf">http://www.partnersinsalford.org/documents/Equality_Strategy_2015.pdf</a> This document contains data on all protected characteristic groups in Salford.</p> <p>Key points to note include:</p> <ul style="list-style-type: none"> <li>• The dramatic increase in the diversity of Salford's population since 2001. Over 11% of Salford's citizens were born abroad, and more than half of those had come to live in the city since 2004.</li> <li>• Schools data demonstrates a rise in the percentage of non-White British pupils to roughly 24% of the total (excluding Jewish Schools)</li> <li>• That around 10% of the population have caring responsibilities</li> <li>• The proportion of older people aged 65 and over has dropped since 2001 by 6%; but the number of children aged 0 to 4 years increased by 30.4%. This trend is projected to continue.</li> <li>• 11% of Salford's population felt that their day-to-day activities were affected or limited 'a lot' by their long term health problems or disability.</li> <li>• The most common disability is hearing impairment (around 17% of the population) and this often goes unaddressed.</li> <li>• It is known that there are disproportionately high levels of mental health issues and depression experienced by members of the Trans community, and hate crime and harassment are significant issues.</li> <li>• In 2011, over 13% of all households in Salford were made up of lone parent families, the majority of these parents being women.</li> <li>• Salford also has an increasing population of refugees and people seeking asylum who experience particular hardship financially and barriers in accessing services such as healthcare.</li> <li>• The Jewish community in Salford is growing at over five times the national average to 7,867 and contains the country's biggest orthodox Jewish community outside of London.</li> <li>• Information on sexual orientation or identity was not collected through the 2011 Census and consequently records for people identifying as Lesbian, Gay or Bisexual are not so robust. A</li> </ul>

	<p>calculation of the estimated number of Lesbian, Gay, Bisexual and Transgender (LGBT) people over the age of 18 in Salford is between 1,855 and 8,146.</p> <ul style="list-style-type: none"> <li>• 11% of reported hate crimes and hate incidents in the city were classed as being motivated by homophobia.</li> </ul>
Salford Health Profile	<p><a href="http://www.salford.gov.uk/media/387768/healthprofile_2015_salford.pdf">http://www.salford.gov.uk/media/387768/healthprofile_2015_salford.pdf</a> This provides evidence across a range of public health indicators.</p>
Salford Child Health Profile	<p><a href="http://www.salford.gov.uk/media/387769/childhealthprofile2015.pdf">http://www.salford.gov.uk/media/387769/childhealthprofile2015.pdf</a> This provides evidence across a range of public health indicators.</p>
Health Watch Salford surveys	<p>Health Watch Salford have carried out a number of engagement focus groups including;</p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Adults of working age</li> <li>• Older people</li> <li>• People with Autism</li> <li>• People with physical disabilities</li> <li>• People with sensory disabilities</li> <li>• People with learning disabilities</li> <li>• People with mental health issues</li> <li>• People with neurological conditions</li> <li>• People with drug and alcohol misuse issues</li> <li>• People living with Dementia</li> <li>• People at the end of their life</li> <li>• People in care and care leavers</li> <li>• People who are unpaid carers</li> <li>• People who are ex-offenders</li> <li>• People who are homeless</li> <li>• People who are military veterans</li> <li>• Deaf communities</li> <li>• BME communities</li> <li>• Migrant communities</li> <li>• Traveller communities</li> <li>• LGBT communities</li> <li>• Religious communities</li> </ul> <p>As well as having an online survey. This information was summarised in a spreadsheet and series of focus group reports, so that we could see which group had said what, and pick out any particular opinions or needs.</p>
JHWS engagement exercises	<p>Please see below and <a href="http://www.salfordccg.nhs.uk/salford-locality-plan">http://www.salfordccg.nhs.uk/salford-locality-plan</a></p>
National papers	<p>A Call to Action: Commissioning for Prevention. NHSE/PHE. November 2013. Available from: <a href="http://www.england.nhs.uk/wp-content/uploads/2013/11/call-to-action-com-prev.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/11/call-to-action-com-prev.pdf</a> NHS Five Year Forward View. NHSE. October 2014. Available from: <a href="https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf">https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</a> Data: ONS 2011-based Subnational Population Projections</p>
Service monitoring	<p>We have considered feedback from equalities monitoring where this is available and accessible for this purpose. For example: A number of services provided by Health and Social Care organisations are gender specific, for example midwifery. Other services report higher uptake from one gender, for example community weight management.</p>

### 3. Engagement / Consultation

When considering your proposal, you should be engaging with individuals and groups covering the following protected characteristics (You can use evidence from existing consultations if this evidence is relevant to your proposal):

- **Age**
- **Disability**
- **Gender**
- **Gender reassignment**
- **Marriage and Civil Partnership**
- **Pregnancy and maternity**
- **Race**
- **Religion and belief**
- **Sexual orientation**

We also advise you to consult people on a low income, carers, ex-offenders, refugees and people seeking asylum, gypsies and travellers, where appropriate.

You should detail below your engagement activities (Please note; you must ensure individual confidentiality)

The consultation exercise was carried out in such a way as to maximise engagement, though the use of a variety of tools and techniques such as those described above, the use of locations across the City and times throughout the day and week. Consultation was taken to existing networks and structures to help people feel more comfortable with taking part. Consultation took place over a period of several months to maximise opportunity to take part.

The following table summarises the engagement which took place.

Date(s) of engagement	Who was involved?	Main issues identified
<b>Review of Joint Health and Wellbeing Strategy: summer 2015</b>		
<p>A survey monkey questionnaire posted at <a href="http://www.partnersinsalford.org/salfordjhwsreview.htm">http://www.partnersinsalford.org/salfordjhwsreview.htm</a> and open until 31st August 2015</p>	<ul style="list-style-type: none"> <li>• Language is clearly important and some respondents felt that the strategy was too ambitious and maybe unrealistic, whereas others felt that Salford should set a clear ambition to reduce inequalities around health.</li> <li>• One respondent to the survey felt that it should be important to articulate the link between health and wellbeing, and safeguarding within the JHWS. This respondent saw safeguarding as being part of the JHWS, saying that the ambition should be to “improve health and well-being and safeguarding at every stage in life”.</li> <li>• It was also suggested that clarity is required around ‘inequalities’ which exist between parts of Salford, between Salford and elsewhere, and also between different communities of identity within the City. Furthermore, better explanation of how the JHWS applies to people with disabilities was requested.</li> <li>• Several responses show that there is a lack of clarity around the scope of the strategy in relation to schools, other services of the City Council than Public Health, and around ‘health is everyone’s business’.</li> <li>• Several respondents felt that the JHWS should allow more interaction with service users and the public, so that people could see what is happening and be encouraged to get involved</li> </ul> <p><b>Start well</b></p> <ul style="list-style-type: none"> <li>• Several respondents mentioned that teenage conception should not now be a priority, but perhaps instead parenting at all ages was more important.</li> <li>• Many respondents felt that promoting healthy eating and (outdoor) exercise should be a clear priority going forwards and that priority 1a should also aim to get children more active.</li> <li>• Respondents flagged up several areas for inclusion in a revised strategy, including; understanding the scale and recognition of neglect, young people’s emotional health and well being and speech and language development</li> <li>• There were also several respondents who flagged up the needs of children with learning difficulties</li> <li>• The discussion at the VCS event raised a considerable number of responses around the need to improve provision around children and young people’s mental and emotional health</li> </ul>	
<p>A meeting of the Listening to People group for people with learning difficulty on 18<sup>th</sup> August 2015</p>		
<p>A working session at the ‘Health and Wellbeing – a new landscape...’ event for the voluntary and community sector held on 30th July 2015</p>		
<p>4 questionnaires received in paper copies from members of the group of carers attached to the Integrated Engagement Board</p>		
<p>Consultation carried out by Health Watch Salford through an online survey and 121 interviews about what people felt should be the health and wellbeing priorities for Health Watch in Salford.</p>		

- The Health Watch survey also highlighted the important role of Children's Centres, suggesting that the remit of these should be expanded so that they become focal points of services to families in local communities.
- The need for affordable childcare was also highlighted across the surveys.

***Live Well***

- Most respondents felt that the JHWS is focussing on the right Live Well issues, with tackling drug taking, reducing adult obesity and improving mental health (particularly anxiety and depression) thought to be additional priority areas.
- Additional aspects which were raised were; improved access to GPs (possibly with surgeries at community venues), support for people with HIV, and preventing liver disease.
- Some of the feedback and discussion focussed on the need to prepare for aging and to help older people to stay active. There was a suggestion that whilst the life course approach is good, there aren't obvious points when everyone moves from one stage to the next at the same time, as everyone's needs are different, people mature at different rates.
- A strong point which came over in discussion was the need to promote and enable communication and support between individuals in the population, thereby increasing community support and reducing isolation and risk.
- Several respondents asked for further work around lifestyle aimed at preventing Type 2 diabetes, including work by the health improvement service
- The Health watch survey suggested that citizens should be encouraged to take more responsibility for their own health – particularly by exercising more, smoking less and being involved in 'active citizenship'. Other respondents suggested that there should be more cheap and simple access to social interaction and low level exercise. There was a feeling that people should be encouraged to 'make the effort' to find out what is happening in their own area, what options are open to them, although there were no suggestions about how this might best be achieved.

***Age Well***

- It was felt that this should include end of life care
- A number of people linked sensory deterioration with other health issues – although there are good services around hearing or sight loss, for example, coping with the impacts on lifestyle or mental health were still thought to be an

	<p>issue.</p> <ul style="list-style-type: none"> <li>• Several respondents in the discussions felt that although dementia is important, the JHWS should also highlight other types of long term conditions, with diabetes being mentioned by several people.</li> <li>• A need to work with carers to improve quality of support was highlighted – paid and unpaid carers</li> </ul> <p><b>Cross cutting issues</b></p> <ul style="list-style-type: none"> <li>• A strong level of support came across for improved mental health to be a priority across all ages. This includes anxiety, stress, depression, low mood etc.</li> <li>• One respondent stated that ‘we should be more explicit and active about addressing the longer-term, more fundamental determinants of health and well-being, such as employment, education, housing, food and social networks.’ This was supported in other responses, with community safety being added as a further determinant of good mental health.</li> <li>• Furthermore, the negative impacts of recent welfare reform were also raised as something which will impact on people’s health in the future</li> <li>• Transport and access to wellbeing and care services was thought to be an increasing problem. Services might be improving or additional ones becoming available, but getting there is becoming more difficult.</li> </ul>
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**Health Watch priority setting: spring 2016**

<p>In order to gather views from a wide range of people Healthwatch Salford developed surveys, ran discussion groups, conducted face to face interviews and held patient events to ensure that people were able to share their views in lots of different ways.</p>	<p>A steering group engagement leads worked with Healthwatch Salford to develop questions that focused on the on Locality Plan areas of starting life well, living well and ageing well so that we could ask local people what they needed help with and what they could do for themselves.</p> <p>Equality and diversity was monitored around the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation; with extra questions around employment, military veterans, homelessness and prisoners so that we could look at how different people were supporting themselves or what barriers they needed help to overcome in relation to managing their own health and wellbeing.</p> <p>The number of people engaged can be summarized in the table below:</p> <table border="1" data-bbox="936 1316 1758 1412"> <tr> <td>Focus Groups and events</td> <td>216</td> </tr> <tr> <td>Supported Interviews</td> <td>9</td> </tr> <tr> <td>Questionnaires</td> <td>133</td> </tr> </table>	Focus Groups and events	216	Supported Interviews	9	Questionnaires	133
Focus Groups and events		216					
Supported Interviews		9					
Questionnaires	133						
<p>Healthwatch Salford also included an outcome star based 5 Ways to Wellbeing; and how positive and in control people felt over their own health and wellbeing.</p>							
<p>Health Watch Salford also worked with Salford Carers Centre to produce a Carers version of the survey so that we could gain more insight into the specific need of carers in Salford.</p>							

TOTAL People Engaged	358
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The results can be listed below;

**Questionnaire Key Themes – Start Well priorities**

- Better Education was mentioned many times
- Good Education and Health are seen as vital
- Good communication in families and schools
- A good and safe home life is seen as essential
- Good role models are important
- Addressing mental health issues
- Action on bullying
- More activities for young people like youth clubs
- Sure start centres and nursery schools seen as important
- Good exercise and diet were mentioned
- Teaching them respect and family values
- Keep them out of criminal gangs
- Less use of gadgets

**Questionnaire Key Themes – Live Well priorities**

- Information on health issues
- Support and advice when you need it
- Help and advice with parenting
- Community support is important
- Social support and relationships
- Having a valued role
- Good food, housing and health
- Good diet and exercise
- Parks, swimming baths and fitness clubs needed
- Access to local parks and greenspaces is needed
- Employment and money
- Money makes people happy
- Investment in NHS and Doctors
- Road safety
- Free bus passes

**Questionnaire Key Themes – Age Well priorities**

- More support and advice to be available
- Meeting people on a regular basis to reduce social isolation
- Reduce isolation by having buddies

- More day and community centres
- Important to keep occupied and active
- Good Education and Health are seen as vital
- Good diet and exercise was seen as very important things like swimming and walking
- Better screening for illness
- Less medication
- Free heating, electricity and transport

**Focus Group Key Themes – summary of all**

- Community support and Community places to meet people are very important
- Lack of activities and things to do our a problem
- Examples of this are Cafes and drop in centres
- Much more needs to be done to help older people avoid social isolation
- Need for access to good quality GP services
- Need for access to good quality mental health services
- Better understanding and awareness of mental health issues needed
- Good Skills, education and health were all seen as very important
- Excessive smoking and drinking, substance abuse and poor diet are problems in Salford
- Safe place to live
- Education seen as important
- Anti-Social behaviour amongst young people, this needs to be challenged
- Public transport routes and costs are a problem

Adults on low income mentioned ‘Excessive smoking and drinking, substance abuse and poor diet are problems in Salford’ and ‘Anti-Social behaviour amongst young people’. Carers mentioned ‘Public transport routes and costs are a problem plus heating costs an issue’ as being a major issue for them. Children and young people in care prioritised ‘Education seen as important along with a safe place to live’. ‘Good diet and exercise important’ was prioritised by both adults on low income and older people.

**Dementia Discovery Day Key Themes**

- Fear & Stigma
- Language
- Infrastructure support
- Family and Community
- Community Asset Approach
- One Stop Shop

	<ul style="list-style-type: none"><li>• Investment in Resources</li><li>• Ethic of Personalised Care</li><li>• Quality of Home Support</li><li>• Public Health</li><li>• Practical support for carers</li><li>• Open and responsive care provision</li><li>• Vision and Reality is different</li><li>• Cracks and Gaps in systems</li><li>• Accountability</li></ul>
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#### 4. Assessing the impact

From your evidence gathering, you will have identified potential disproportionate negative impacts. Please provide details and your actions to overcome these below. We would also like to know if there will be any positive impacts that your proposals will make to improve equalities:

- Potential impact: If the proposal could result in some groups (including customers and/or staff) being disadvantaged or treated unfairly
- Mitigations and actions: Where there is a potential for disadvantage or unfair treatment, what are your plans to eliminate, reduce, mitigate or justify it? Could making these changes have a negative effect on any other group(s)? Explain why and what you will do about this. You should include details of who will be responsible for the actions and target dates for completion:
- Promoting Equality: Could the proposal result in an opportunity to promote equality or inclusion? Explain how.

Please note: this table will form the basis of your action plan.

Protected characteristic or other group	Potential impact	Mitigations and actions	Responsible officer	Target date	Promoting equality
Generally:	The Locality Plan CIA has identified existing inequalities in health and wellbeing outcomes across all of the protected groups. The Plan's priorities and outcomes reflect this and aim to reduce the level of inequality recorded over the next five years.	<p>The Locality Plan is a high level plan which the Health and Wellbeing Board will use as part of its work going forward. The commissioning plans of NHS Salford CCG and Salford City Council will be aligned to the Strategy.</p> <p>Detailed needs assessments have been prepared to better understand the needs of particular groups within our communities.</p> <p>As far as possible, equalities monitoring will be standardised to ensure a clear and consistent understanding is gained from services of any</p>	Responsibility for ensuring that the Locality Plan does not create any disproportionate negative impacts for any group in the Salford population will lie with NHS Salford CCG, Salford City Council and	The Locality Plan will run from April 2016 until March 2021. All mitigating actions will be taken throughout this period.	A communications and engagement plan has been developed for the Locality Plan which aims to facilitate and enable continued information giving,

Protected characteristic or other group	Potential impact	Mitigations and actions	Responsible officer	Target date	Promoting equality
		<p>potential for one or more groups to be disproportionately affected by this Plan.</p> <p>It is therefore proposed that, where relevant, all policy and commissioning programmes that result as a consequence of the Plan undergo an impact assessment to eliminate discrimination, advance equality of opportunity and/or foster good relations.</p>	stakeholders of the Health and Wellbeing Board		engagement, promotion of health objectives, and influencing healthy behaviours across all communities and domains. Where relevant to particular and specific need, engagement will actively target specific sectors of the communities of Salford where high levels of need exist, thereby allowing access to advice and support to improve health and wellbeing.
Age	There is a potential for services to be planned around both older and younger sections of the population, as these ages are generally the most vulnerable and present the most need.	<p>The Locality Plan adopts a life course approach (Start Well, Live Well, Age Well) and has prioritised key outcomes at all stages of the life. Wherever possible intergenerational work will be promoted.</p> <p>The Live Well work will underpin the whole life course, ensuring that healthy lifestyles and behaviours are considered at all ages.</p>			Where relevant to particular and specific need, engagement will actively target specific sectors of the communities of Salford where high levels of need exist, thereby allowing access to advice and support to improve health and wellbeing.
Disability	Consultation feedback has shown a need to focus on the needs of people with learning disabilities and work with their carers.	<p>As a result of the evidence received, the Locality Plan has prioritised key outcomes to address the increased risk factors associated with disability which will impact at all stages of life.</p> <p>The Integrated Engagement Board includes representation from people with learning disabilities, who receive support for this involvement, and who will play an active part in service design.</p> <p>The needs of carers will receive particular attention in the Workforce Strategy, and their role has been recognised throughout the Plan.</p>			The Integrated Engagement Board will continue to

Protected characteristic or other group	Potential impact	Mitigations and actions	Responsible officer	Target date	Promoting equality
Gender	<p>Our research shows that there is a gap in life expectancy between men and women in Salford, as well as inequalities between areas. Furthermore, there is an inequality in health outcomes between the genders, across both physical and mental health.</p>	<p>The Locality Plan has prioritised key outcomes to ensure all local residents can access quality health and social care and use it appropriately, regardless of gender. Where required commissioning organisations will include KPIs into contracts to ensure positive outcomes related to gender. Gender specific projects and programmes will build upon the evidence received, and be used in order to target inequalities in health and wellbeing between genders.</p>			<p>work with representatives from key protected characteristics to ensure their involvement in service planning.</p>
Gender reassignment	<p>Whilst there has been engagement through local LGBT representatives, the needs of people who have undergone or are in the process of undergoing gender reassignment is an area about which little evidence exists.</p>	<p>The Locality Plan has prioritised key outcomes to ensure all local residents can access quality health and social care and use it appropriately. Where required commissioning organisations will include KPIs into contracts to ensure positive outcomes for trans gender people. Salford City Council will build from the existing evidence and work with representatives of this community of identity to develop an approach to working with Trans people.</p>			
Marriage and Civil Partnership	<p>The importance of marriage and civil partnership as a determinant of individual and</p>	<p>The Locality Plan has prioritised key outcomes to ensure all local residents can access quality health and social care and use it appropriately.</p> <p>Domestic abuse is specifically recognized as a</p>			

Protected characteristic or other group	Potential impact	Mitigations and actions	Responsible officer	Target date	Promoting equality
	<p>community resilience has been recognised in the development of the Plan.</p> <p>However, where this breaks down, there is a potential for domestic abuse to lead to negative health impacts.</p>	<p>determinant of health in the Locality Plan and work is ongoing in partnership with the Community Safety Partnership to tackle domestic abuse. (Although mentioned at this part of the assessment, tackling the impacts of domestic abuse will be mitigation across a number of other protected characteristics)</p>			
Pregnancy and maternity	<p>Ante and post natal health and care services will require targeted and specific planning.</p>	<p>The Locality Plan has prioritised key outcomes to ensure all local residents can access quality health and social care and use it appropriately.</p> <p>Care relating to pregnancy and maternity is planned across a GM rather than Salford footprint. This will be part of the work around Start Well.</p>			
Race	<p>The ethnic diversity of the population of Salford has changed dramatically in recent years.</p> <p>Implementation of the Locality Plan will need to respect and keep informed by the racial mix in our</p>	<p>The Locality Plan has prioritised key outcomes to ensure all local residents can access quality health and social care and use it appropriately.</p> <p>Where required commissioning organisations will include KPIs into contracts respect ethnic diversity and achieve an equality of positive outcomes.</p>			

Protected characteristic or other group	Potential impact	Mitigations and actions	Responsible officer	Target date	Promoting equality
	population.				
Religion and belief		The Locality Plan has prioritised key outcomes to ensure all local residents can access quality health and social care and use it appropriately.			
Sexual orientation	Our research shows that there are very particular needs relating to sexual orientation in our population.	<p>The Locality Plan has prioritised key outcomes to ensure all local residents can access quality health and social care and use it appropriately.</p> <p>Where required commissioning organisations will include KPIs into contracts respect sexual orientation and achieve an equality of positive outcomes.</p>			
Other groups	<p>We have also considered the impact on the following groups:</p> <ul style="list-style-type: none"> <li>• Homeless people</li> <li>• People with drug and alcohol misuse issues</li> <li>• People at the end of their life</li> <li>• People who are ex-offenders</li> <li>• People who are military veterans</li> <li>• Migrant communities</li> <li>• Traveller communities</li> </ul>				

## 5. Assessing the impact on community cohesion

Community cohesion is what must happen in all communities to enable different groups of people to get on well together. A key contributor to community cohesion is integration which is what must happen to enable new residents and existing residents to adjust to one another.

An integrated and cohesive community is based on three foundations:

- People from different backgrounds having similar life opportunities.
- People knowing their rights and responsibilities.
- People trusting one another and trusting local institutions to act fairly.

And three ways of living together:

- A shared future vision and sense of belonging.
- A focus on what new and existing communities have in common, alongside a recognition of the value of diversity.
- Strong and positive relationships between people from different backgrounds.

Detail below if the proposals is likely to impact on community cohesion, including if there is likely to be a positive impact.

The Locality Plan will have the following, relevant, impacts:

Development of a shared vision of health and wellbeing for the people of Salford  
Clear articulation of the outcome expectations around health will ensure that people know their role in this Plan. This is further articulated in a strong communication and public engagement plan.  
The public executive summary describes the change that people will all experience as a result of this Plan.  
There is an increased focus of self care, public responsibility for health and personal /community resilience in the Locality Plan which will help build strong positive relationships.

The Salford Partnership is developing a Community Cohesion Strategy, which will be supported by an action plan of work which will take positive steps towards promoting community cohesion in Salford. The Locality Plan will be aligned with the new Strategy and be one of the ways that it is delivered.

## 6. Monitoring

You should ensure that any actions within your CIA are monitored and reviewed regularly within Covalent. You should review progress on your action plan annually.

## 7. Review

Your CIA should be reviewed after the proposals have been implemented to review actual impact. You should record an appropriate review date below.

Review Date	March 2021
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## 8. Sign off

When you have completed your CIA, it must be signed off by a senior manager within your service group (Assistant Director or above).

Name	Signature	Date
David Herne, Director of Public Health		

When your CIA has been signed off and after the decision has been made, send it to Jon Stephenson ([jon.stephenson@salford.gov.uk](mailto:jon.stephenson@salford.gov.uk)) in the Partnerships and Engagement Team for publishing on the [council's website](#).