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Foreword from Professor Eileen Fairhurst and Dr Mike Burrows

Introduction
We are very pleased to present Salford’s first 5-year Strategic Plan. Since becoming a PCT in 2001 the PCT has worked hard to build relationships with our City Council, our NHS partners, local clinicians and the people of Salford. We have achieved much through these well-developed partnerships but we recognise that we need to review thoroughly and understand what we need to do to make a measurable and lasting improvement to the health and well-being of local people.

Our vision is that the people of Salford will live longer, healthier lives, supported by a world class health system. This is a challenge, which we will take forward with a strong sense of direction from the work we have already undertaken to determine where we need to place greater effort.

With this Strategy we aim to save in excess of an additional 4900 years of life. We must focus on key areas, which have the biggest impact on the health status of our population. These require positive lifestyle changes for all ages in relation to stopping smoking, less harmful alcohol consumption, adopting healthy diets and increasing exercise. We know that these changes will improve health more than any health care ever could. We also know that these are difficult changes to effect, but we know we will have greater impact only by working more closely with the people of Salford and partner organisations.

Salford Primary Care Trust promotes equality and values diversity within our workforce and the community we serve. We recognise that to achieve our vision, we need to demonstrate that equality of opportunity can be achieved by all and at all levels. We will work to provide fair and accessible services to all communities and our staff.

Associated with this Strategic Plan we have produced a DVD which illustrates a little of what NHS Salford has created and where our future lies. This is a great city and our healthcare system is extremely well placed to deliver the improvements that we have described.

Over the next five years covered by the plan we expect to see significant and positive changes for the people of Salford. This document and the DVD provide the direction for our journey.

Background
This Strategic Plan describes Salford Primary Care Trust’s (PCT) vision, aims and objectives for the 5-year period from April 2009 to March 2014. This is the first time we have developed and articulated such a long-term strategy for the organisation. It forms a cornerstone of our work towards improving the health and wellbeing of Salford people, supported by the achievement of World Class Commissioning standards. The focus of the plan has been to develop interventions that will improve health and reduce health
inequalities between Salford and England and within Salford. We recognise that many of these changes will take time to embed but we intend to take shorter term measures to produce an impact on life expectancy and well-being by 2010.

The Strategic Plan is a statement of Salford PCT’s vision and aspirations for the future; where we intend to focus additional efforts; and how we will progress the improvements we have described.

**Context**

In setting the context for the Strategic Plan the health status of the local population is critical, but we have also looked at influences emerging from the Next Stage Review and the North West response to Lord Darzi’s report ‘Healthier Horizons’. These landmark publications have provided a blueprint for broader service refocus and redesign.

Also relevant to the context of this plan are our established partnerships and initiatives. We have a strong relationship with Salford City Council and formal relationships for joint commissioning through Section 75 arrangements and well-established partnership boards.

We also have the benefit of working with a collective group of PCTs through the Association of Greater Manchester PCTs, bringing the opportunity for widespread service redesign and the co-ordination of services across the conurbation. This helps to manage investment in a coordinated way achieving best value for money as well as mitigating against ‘post code’ prescribing.

The context becomes more challenging given the global economic downturn. We recognise our responsibilities in this regard and will work with public sector partners to minimise the impact within the North West of England and specifically within Salford. Careful management of resources has retained even greater significance in these circumstances and will be critical to permit investment in the areas proposed in this plan.

**Health Needs in Salford – identifying the gap**

In developing the Strategic Plan we have recognised the need for intelligence about the make-up of our population, its health status and distribution. We have taken information from the Joint Strategic Needs Assessment to identify where additional support and new approaches are required to turn around the long term health and social inequalities, which still impact on the city.

Life expectancy for people who live in Salford is less than in the rest of England and Wales. Salford’s men die on average three years earlier and women die just less than three years earlier, compared with the national average. The reasons for this are varied and include social factors, such as high deprivation rates, high unemployment and a reliance on social housing in particular areas. Lifestyle issues also contribute materially to premature mortality, particularly smoking rates, drinking alcohol to harmful effect, poor diet, lack of exercise and physical activity.

Salford is a diverse city and we welcome the challenge and opportunity to develop a culture that recognises, respects, values and harnesses diversity for the benefit of our staff and the communities we serve.

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Our Strategy

We will be tackling these inequalities within a fixed resource, but we know that over recent years we have seen high levels of investment in healthcare. Our objective now is to increase the cost effectiveness of our investments to ensure that only those services that make a difference to the health outcomes of the population continue. Our focus will be on a fairer, more personalised, effective, safe and accountable health service.

Our review of the population’s health needs has led us to determine ten goals, which are each addressed by working on an outcome measure towards an improvement. These goals and outcome measures are described in section 1 and summarised below:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome measure</th>
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<tbody>
<tr>
<td>To reduce health inequalities</td>
<td>Health Inequalities</td>
</tr>
<tr>
<td>To increase life expectancy</td>
<td>Life Expectancy</td>
</tr>
<tr>
<td>To reduce the rate of teenage pregnancy</td>
<td>Under 18 conception rate</td>
</tr>
<tr>
<td>To reduce the number of people who smoke</td>
<td>Smoking quitters</td>
</tr>
<tr>
<td>To reduce the risk from hypertension</td>
<td>Hypertension prevalence</td>
</tr>
<tr>
<td>Reduce deaths from cancer</td>
<td>Cancer mortality rate</td>
</tr>
<tr>
<td>To utilise patient experience in commissioning decisions</td>
<td>Self reported experience of patients and users</td>
</tr>
<tr>
<td>To reduce the impact of alcohol-related harm</td>
<td>Rate of hospital admissions per 100,000 for alcohol related harm</td>
</tr>
</tbody>
</table>

Associated with this Strategic Plan there has been work on-going to develop a Financial Plan and Organisational Development Strategy. The Financial Plan is consistent with this document and provides the financial rigor required to confirm affordability of our proposals and that risk is managed to acceptable levels.

The Organisational Development Strategy formalises a strategy that is already being implemented within the organisation to prepare staff for our changing environment and focus. This will continue as we progress our capability to deliver World Class Commissioning.

Delivering the Strategy

We recognise that to deliver our strategy we must build on the successes we have already secured. We were ‘Excellent’ and ‘Good’ for use of resources and services in the 2006/7 annual health check and expect to do well in the 2007/08 performance ratings.

We have also delivered a broad range of successful change projects within the Salford Health Investment For Tomorrow (SHIFT) Programme, on a health economy-wide scale; the on-going Best Value initiative adopted within the organisation and linking across partner organisations; and at a service specific-level the dramatically improved performance of Salford’s Genitourinary Medicine service.
We know that our successes have been built on a foundation of deeply embedded partnership arrangements and have put great energy and time into these relationships. In this our first Strategic Plan we know we must raise our game still further. In Salford we strive to provide high quality services for our population. To fulfil this Strategic Plan we need to do this with our population. The future for commissioning health and well-being depends on moving from dependency on the statutory system to ‘co-production’ with a new and more deeply founded relationship with the people of Salford. We know we have much to do here to transform Salford’s health and to reduce the inequalities that exist both within Salford and for the City as a whole. Our Strategy will therefore have these cornerstones:

**A Partnership with Salford’s People**

We are committed to establishing and maintaining population-wide engagement through a meaningful dialogue. The relationship we want to develop will include honesty, respect and the open exchange of information. It must be an enduring relationship from which both parties benefit.

To do this we plan to build on the wide range of existing public engagement, informing and feedback systems to create a more systemised approach to our relationships. We see the local population playing a role at each stage of the Commissioning Cycle from the assessment of needs, assessing gaps in services, prioritisation of investment, the procurement and contracting for services and the quality of delivery. Key in this will be establishing mechanisms so that people can say how much they value and benefit from services and care. This will be accomplished with the application of Patient Reported Outcome Measures (PROMs) and through periodic structured dialogue on the commissioning process.

We are confident that the people of Salford will work with us on the development of this agenda; as a consequence of participating in our dialogue of changing lifestyle. This issue is not about if change is needed, but rather how far the change needs to go and what support will be required.

**Clinicians at the core of commissioning**

We recognise that we need to commission to new pathways of care that provide evidence based impact on the health system. We also know that this works best when local clinicians play a role from the outset in designing these pathways. The PCT has developed a Practice Based Commissioning consortium embracing all Salford GP Practices. With this has come greater stability and a wider range of clinical input into the commissioning process. Lead GPs now chair key commissioning boards such as for urgent care. We intend to develop this concept further by building a wider forum for clinical influence and by extending this system to a much broader range of professionals.

**Raising our game through information based commissioning**

The PCT currently has effective processes to fulfil the commissioning cycle. However we recognise that to become World Class we need to improve. The World Class Commissioning competencies show the PCT where we have room for improvement and where new skills and knowledge must be harnessed to optimise our impact for Salford’s people. Key to this is the gathering, production and ‘sense-making’ of information to govern investment decisions. This will entail the use of tools such as Health Economic Evaluation to give a greater understanding of the impact of competing priorities on local health status. To maximise local

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health improvement we see the need for allocative models to distribute resources between health programmes such as Cancer, Coronary Heart disease and Mental Health. To complement this and within each programme we need to secure technical efficiency to secure the most cost effective use of programme resources testing pathways from well-being, prevention, screening and primary care to acute specialist and palliative interventions

**Board Approval**

Throughout the development of this Strategic Plan Salford PCT’s Board has been directly involved. The Board has been clear in expressing its firm commitment and anticipate delivery of the tangible benefits for Salford’s population. This first Strategic Plan articulates the aspirations the PCT and its Board have for local health and wellbeing. It sets the highest challenge so far in seeking to transform health and reduce inequalities. We are clear that no PCT can do this alone which is why there is such great emphasis on our partnerships significantly with the City Council and the local NHS but primarily with the people of Salford.

Professor Eileen Fairhurst MBE  
Chairman of Salford Primary Care Trust

Dr Mike Burrows  
Chief Executive of Salford Primary Care Trust

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Section 1 – Our Vision for Salford

Purpose of this section: This section provides an overview of the local context and presents the vision, aims, goals and actions that the organisation will focus on to improve the health and wellbeing status of the population.

Salford’s Health Status

Salford’s health profile is generally worse than the England average. It is a city affected by inequality with the rest of the country and other cities, with high levels of deprivation, unemployment, teenage pregnancy, crime, smoking, alcohol and drug abuse – all leading to high levels of sickness and reduced life expectancy.

Improvements have been made in the city, but not to the levels seen elsewhere in the country and the gaps is getting wider. We know our young people need a better start in life and more chance of a longer healthier life. This can only be achieved by the PCT and its partners across the city working more closely, to make a difference.

Salford PCT’s Vision and Aims

NHS Salford, the PCT, has developed a new vision and aims for this Strategic Plan, which better reflects the drive and central purpose of the organisation in improving health and wellbeing in Salford.

The vision of NHS Salford is that the people of Salford will live longer, healthier lives supported by a world class health system.

This vision is underpinned by three aims:

- To deliver improvements in health and well-being for all in Salford;
- Optimise the delivery of quality healthcare in the most appropriate setting;
- Commission services to world class standards.

The aims will be pursued through the delivery of 11 strategic objectives, which are shown in Figure 1.1 on the following page.

For the period 2009 to 2014 the strategic plan describes:

- the direction of the organisation, through its vision and aims
- the context in which the vision will be progressed and
- the objectives to support the strategic direction, which will be pursued through specific goals, actions and initiatives.

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Figure 1.1 Salford PCT Vision, aims and objectives

**Vision**

The people of Salford will live longer, healthier lives supported by a world class health system.

**Aims**

- Deliver improvements in health and well-being for all in Salford
- Optimise the delivery of quality healthcare in the most appropriate setting
- Commission services to world class standards

**Objectives**

1. Work with partners to ensure people live longer, healthier lives, providing additional support to vulnerable groups.
2. Work with partners to provide a range of active support to Salford’s people to make healthy choices to reduce lifestyle related illness.
3. Work with partners to support Salford people to take greater responsibility for their health.
4. Support individuals and their carers to develop the knowledge, skills and confidence to care for themselves and their conditions effectively.
5. To direct resources towards preventative interventions and to meet local health needs.
6. Ensure services are delivered to best practice, quality and safety standards.
7. Identify service models which will have the best outcomes.
8. Locate services closer to home, as appropriate.
9. Improve efficiency of health services and ensure value for money.
10. Lead the NHS in Salford and commission effectively with stakeholders, meeting World Class Commissioning competencies.
11. Make commissioning decisions based on high quality information, to reduce inequalities.

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The perspective of the plan is that of NHS Salford as a commissioner responsible for ensuring appropriate health care and the promotion of wellbeing for the people of Salford.

The strategy development process has been built around a comprehensive engagement strategy, which included early discussions with a range of stakeholders on the content of the vision, aims and objectives. The context included the PCT’s previous statement of direction, including its six pledges, as well as national and SHA policy developments, such as Healthier Horizons, the North West report as part of the Next Stage Review (NSR). (Reference: Healthier Horizons for the North West – A new vision for health and healthcare in the North West May 2008). Appendix 1.1 provides a summary report on stakeholder views and feedback on the PCT’s vision, aims and ambitions.

As a result of discussions with PCT staff and stakeholders, we are retaining the established ‘pledges’ which were developed in 2005/6. They remain consistent with contemporary policy and reflect to staff and partners the principles of the organisation. Our performance is measured against the six pledges to ensure that we do as much as we can to improve the health of people in Salford. This includes working to prevent ill health and putting in place quality services to treat those that need them to ensure their long-term well-being. Equality and diversity is embedded in the process of setting objectives and includes priorities identified by our patients, the public and staff.

The pledges are reproduced in Figure 1.2.

<table>
<thead>
<tr>
<th>Salford PCT’s Pledges</th>
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<tr>
<td>Pledge 1</td>
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<td>Pledge 2</td>
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<tr>
<td>Pledge 3</td>
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<tr>
<td>Pledge 4</td>
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<tr>
<td>Pledge 5</td>
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<tr>
<td>Pledge 6</td>
</tr>
</tbody>
</table>

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The new Salford Equality Scheme (2009 – 2012) demonstrates the commitment of Salford PCT to equality in regard of age, belief or religion, criminal record, disability, ethnicity or race, sexual orientation or gender identity. Accordingly, the Single Equality Scheme to be presented for Board approval in 2009 responds to best practice standards and will be supported by proactive awareness raising and training. It will be reflected in PCT activities, including the implementation of this strategy.

Priority Outcome Areas

Having identified our vision, aims and objectives, we then focused on selecting ten priority outcome areas upon which we will focus significant effort to improve the health status of Salford’s population

Determining priorities

Selection of the key priority areas identified was informed by analysis and priorities set out in the 5-year Joint Strategic Needs Assessment (JSNA), which has been jointly developed by Salford PCT and Salford City Council. The JSNA for Salford confirms that whilst improvements in the quality of life and life expectancy are happening in Salford, it is at a significantly slower rate than elsewhere and therefore the gap between the life expectancy of Salford’s population and the rest of England and Wales is increasing. The JSNA has determined the key factors that influence this inequality and has subsequently influenced the outcome areas selected by Salford PCT.

Also considered in the selection process were recent policy developments, notably Lord Darzi’s Next Stage Review (NSR) and Healthier Horizons. Key messages taken from these publications concern the provision of ‘personalised’ and high quality services, clinician-led improvements, and services located closer to home and away from hospitals wherever possible.

These outcome areas are critical to ‘adding years to life and life to years’ for the population of Salford. These priority outcome areas will influence the selection of future initiatives and resource allocation decisions. They will also be a key feature of the comprehensive World Class Commissioning annual assessment, which all PCTs will be subject to from November 2008. An overview of the primary influences that have determined the priority outcome areas is set out in Figure 1.3 and the key outcome areas are shown in Figure 1.4 below.

The selection of priority outcome areas from the list of vital signs indicators was focused on those lifestyle issues which would have the greatest impact on overall health and well-being, wherever possible linking the impact of the associated interventions and initiatives. Examples are as follows:

- Smoking cessation (or tobacco control) - an effective approach to reducing cardiovascular disease, cancer, hypertension and respiratory disease – all prominent causes of morbidity and mortality in Salford.
- Hypertension – effective in reducing morbidity and mortality from cardiovascular disease.
- Obesity – having a direct impact on morbidity and mortality associated with cardiovascular disease and hypertension, focusing on children and adults, but measured initially by the impact on children where baseline measures exist.

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Reducing the effects of harm from alcohol – impacting on rapidly increasing problems with binge drinking, affecting demand for urgent care, gastrointestinal and mental health services.

The outcome of reducing the number of people moving off (Mental Health related) sick pay and benefits was selected in recognition of Salford PCT’s status as a pilot site for the Improving Access to Psychological Therapies initiative and this measure is one of the national indicators against which the initiative will be assessed. It is particularly relevant in Salford because of the prevalence of mild to moderate mental health problems locally and the associated detrimental impact on well-being for large portions of the population.

The exception to this approach is the outcome relating to patient related experience. This was selected specifically to ensure a focus on the outcomes and quality of healthcare services, ensuring that patient reported experience directly influences commissioning decisions.

In addition to these 10 priority outcome areas we have determined two cross-cutting themes that will also be addressed, as follows:

- **Palliative Care improvement**, measured through the number of people dying at home.
- **Obesity, all ages**: measured through the Primary Care Quality and Outcome Framework (QOF) indicators.

At a Greater Manchester level we will also be contributing to the:

- **Greater Manchester initiative to improve Stroke Services and health outcomes**
- **Delivery of Making it Better**, establishing the approved service model for children, maternity and neonatal services.

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### Figure 1.4 Identification of priority outcome areas

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome Measure</th>
<th>Measure Definition</th>
<th>Allocated nationally (N) or selected locally (S)</th>
<th>Relevant Objective Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce health inequalities</td>
<td>Health Inequalities</td>
<td>Average IMD (deprivation index) score</td>
<td>N</td>
<td>1, 2, 3, 4, 9, 10, 11</td>
</tr>
<tr>
<td>To increase life expectancy</td>
<td>Life Expectancy</td>
<td>Life expectancy at time of birth, Years</td>
<td>N</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11</td>
</tr>
<tr>
<td>To reduce the rate of teenage pregnancy</td>
<td>Under 18 conception rate*</td>
<td>Teenage conception rate per 1,000 females aged 15-17</td>
<td>S</td>
<td>1, 2, 3, 5, 6, 7, 8, 9, 10, 11</td>
</tr>
<tr>
<td>To reduce the number of people who smoke</td>
<td>Smoking quitters</td>
<td>Rate for 100,000 population aged 16 or over</td>
<td>S</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11</td>
</tr>
<tr>
<td>To reduce the risk from hypertension</td>
<td>Hypertension prevalence</td>
<td>Unadjusted hypertension prevalence</td>
<td>S</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11</td>
</tr>
<tr>
<td>Reduce deaths from cancer</td>
<td>Cancer mortality rate</td>
<td>Directly standardised rates from all malignant neoplasms (ICD-10 C00-C97)</td>
<td>S</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11</td>
</tr>
<tr>
<td>To utilise patient experience in commissioning decisions</td>
<td>Self reported experience of patients and users</td>
<td>Quality of care received</td>
<td>S</td>
<td>10, 11</td>
</tr>
<tr>
<td>To reduce the impact of alcohol-related harm</td>
<td>Rate of hospital admissions per 100,000 for alcohol related harm*</td>
<td>Rate of alcohol-related admissions per 100,000 population (EASR)</td>
<td>S</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11</td>
</tr>
<tr>
<td>To reduce the social and economic impact of Mental Health problems</td>
<td>The number of people moving off (Mental Health related) sick pay and benefits</td>
<td>A count of all those who were on sick pay and/or benefits at first psychological therapeutic session and were not on either sick pay or benefits at the final psychological therapy session</td>
<td>S</td>
<td>1, 3, 4, 5, 6, 7, 9, 10, 11</td>
</tr>
<tr>
<td>To reduce obesity in all ages</td>
<td>Obesity (childhood – see cross-cutting themes below)</td>
<td>As measured in the national school programme, for Reception and Year 6</td>
<td>S</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11</td>
</tr>
</tbody>
</table>

* These are also targeted priorities in the Local Strategic Partnership, Partners IN Salford.

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Addressing the priorities

The Board of Salford PCT recognises the scale of the challenge attached to the identification of the priorities selected. Having overseen the delivery of a more efficient treatment service, the Strategic Plan reflects the Board’s determination to have a positive impact on the well-being of the population. It also reflects the level of commitment that the PCT Board has made to working in partnership with the Local Strategic Partnership (Partners IN Salford) on the Local Area Agreement objectives.

Finally, the Board recognised the need to embrace the recommendations made as part of the first World Class Commissioning assurance process in 2008, concerning the need to be more ambitious and less risk averse.

The priorities will require sustained effort by the PCT to ensure delivery, but they are also meaningful to the health economy and to the people we have engaged with in the development of this strategy.

The priorities also prompt something raised on a number of occasions during our engagement events: the issue of formulating a contract with the people of Salford in respect of the responsibilities of individuals for making healthy choices and the use of health services. This is a theme which will be developed through a ‘social marketing’ initiative.

In order to divert resources into these critical areas we have carried out an internal review of existing programme budget allocations and commissioning opportunities to identify potential funding sources. This builds on the successful Best Value Review, which has made considerable savings in commissioned services. The outcome of this exercise was to adopt a significant investment into preventative measures, which is shown in the Financial Plan aligned to this Strategic Plan. This reflects the recommendation of the Staying Healthy Clinical Pathway Group, which contributed to the Healthier Horizons Report published by the NWSHA and is the formal response to the NHS Next Steps Review report, *Our NHS Our Future*, led by Lord Ara Darzi. (Reference: Our NHS Our Future, a national review of the health led by Lord Ara Darzi, Parliamentary Under Secretary of State at the Department of Health June 2008).

Implications for Salford’s health status

The priority outcome areas selected are chosen to maximise the health and wellbeing benefits. We intend to see the gap between the health indicators in Salford closing to meet the England average. Figure 1.5 below illustrates the scale of the problem.

Compared to the other Spearhead PCTs:

- In common with other Spearheads, circulatory disease is the major component of the female life expectancy gap.
- A higher proportion of Salford’s female life expectancy gap is due to cancers. This includes high mortality for lung cancer.
- A similar proportion of the gap arises from digestive disease, including cirrhosis of the liver.

Compared to the other Spearhead PCTs

- The largest components of the male life expectancy gap are circulatory diseases, which are by far the largest contributor to the gap, and cancers. These account for 63% of the gap for males.

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Figure 1.5 Life expectancy gap – Salford and the England Spearhead Groups

Breakdown of the life expectancy gap by disease, females

Salford

- All circulatory diseases, 30%
- All cancers, 27%
- Respiratory diseases, 23%
- Digestive, 9%
- External causes, 2%
- Other, 10%
- Deaths under 26 days, 4%

England Spearhead Group

- All circulatory diseases, 29%
- All cancers, 21%
- Respiratory diseases, 20%
- Digestive, 8%
- External causes, 4%
- Other, 10%
- Deaths under 26 days, 4%

Source: Association of Public Health Observatories

Breakdown of the life expectancy gap by disease, males

Salford

- All circulatory diseases, 36%
- All cancers, 24%
- Respiratory diseases, 11%
- Digestive, 10%
- External causes, 6%
- Other, 9%
- Deaths under 26 days, 4%

England Spearhead Group

- All circulatory diseases, 33%
- All cancers, 21%
- Respiratory diseases, 16%
- Digestive, 10%
- External causes, 6%
- Other, 9%
- Deaths under 26 days, 4%

Source: Association of Public Health Observatories

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Respiratory and digestive diseases are significant, but in slightly lower proportion than the other Spearheads though still contribute 19% to the life expectancy gap.

Delivering this strategy will transform the life experiences of Salford’s people, helping children and young people have a good start and the prospect of long healthy lives. The interventions will also be of benefit to adults of all ages, as the lifestyle changes we are proposing will have early positive effects, regardless of age.

This strategy will alter the balance of health-related investment in Salford from care provision to prevention, but we will continue to ensure the provision of high quality care and support for those who need it.

The PCT’s Style and Approach

The PCT’s approach is characterised by strong and mutually supportive relationships with its key stakeholders, including co-commissioners such as our Practice Based Commissioners, Salford City Council, and our primary providers.

Implementing this Strategic Plan and World Class Commissioning will entail significant developments within the organisation, which will include:

- An increased focus on prevention.
- Alignment of Directorate functions to enable Strategic Commissioning, which builds greater emphasis on health needs, outcome measures and is more evidence-based, alongside the technical processes of procurement and monitoring.

- More accountability and transparency in the way decisions are taken and in engaging the public and partners on the trade-offs involved particularly in resource allocation decisions.
- Build upon previous work, especially service strategies and priorities identified through partnership arrangements.
- Focusing on providing high quality care in better, in more personalised environments.
- Continue organisational development of the PCT, building upon its strengths and making further improvements, especially for WCC competencies.

Salford PCT’s values

Shared values and common purposes underpin sustainable performance. The recently published draft NHS Constitution (to be found at www.dh.gov.uk/consultations) proposes a set of six NHS-wide values, which are:

- Respect and dignity;
- Commitment to quality of care;
- Compassion;
- Improving lives;
- Working together for patients;
- Everyone counts.

These values have evolved through consultation with patients, the public and staff, and are representative of the whole NHS. We want to develop a set of local values through and by the staff of Salford PCT (commissioner and provider) which enable us all to work together towards shared goals.

It is recognised that values cannot be imposed on an organisation – they already exist implicitly. This process to assess and embed the

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shared NHS wide values will be completed towards the end of 2008.

**PCT Investment Plan**

Alongside the development of this Strategic Plan, the PCT has been developing a five year Financial Plan, which is consistent with the delivery plan presented in Section 4. The overall strategy has been to identify opportunity for the realignment of resources towards the preventative agenda that is prominent in our future plans.

Critical to the release of resources is ensuring that Value For Money is obtained in all of our investments. Through Salford PCT’s Best Value programme, established in 2006, we have good experience of driving efficiency both internally and in commissioned services. As we refine our commissioning and contracting functions towards World Class Commissioning standards, we expect to identify further opportunities to move our investments into our prioritised areas. The Best Value system also provides the mechanism for implementation of the Strategic Plan initiative.

More information is provided in later sections.

**Our response to the economic downturn**

The development and publication of our ambitious Strategic Plan comes at a time of a significant economic downturn, which will affect our population, staff and our investment plans. The impact is manifested locally in the housing and employment status of the local population and increasingly in the health status of those affected. Salford PCT will act to ensure care and support is available to those affected by the credit crunch and to protect the local economy through effective and efficient procurement strategies.

**Conclusions**

In this section we have described the PCT’s visions, aims, objectives and priority outcome areas. These are the main products of this Strategic Plan, along with the initiatives that we have created to deliver the outcomes and ultimately improve the health and wellbeing of Salford’s population.

The remainder of the Strategic Plan articulates what we have found along the journey to produce these outputs and what initiatives we will adopt in each outcome area and therefore our objectives.

**Section 2** provides the context, by describing Salford, its population’s health needs, views of stakeholders, current performance, the provider landscape, the PCT’s financial position and commissioning services.

**Section 3** will expand on the commissioning strategy, the objectives, the initiatives (detail, timing and cost), stakeholder engagement and the anticipated impact of the initiatives.

**Section 4** focuses on delivery, taking evidence from previous programmes delivered by the PCT, risk management, monitoring, enablers and the implications on providers.

Finally, **Section 5** provides the Board’s declaration of board approval and sign-up from Salford City Council.

‘adding life to years and years to life IN Salford’
Section 2 – Health and Healthcare in Salford

Purpose of this section: Section 2 provides the context for the vision, aims, objectives and priority outcome areas articulated in the previous section. It also gives an account of the views of stakeholders, the provider landscape, our commissioning functions, financial and general performance.

Salford is a city that is well known for its industrial heritage and patronage of the arts, but Salford today has a varied portfolio extending from industry and commerce to academia, the arts and media. Confirmation that the BBC (British Broadcasting Corporation) will move into Salford Quays has given a further boost to the employment and housing market, supporting the city's ambitions towards regeneration.

As a city of contrasts, Salford ranges from prosperous to extremely poor areas, which are gradually being regenerated. Despite the positive aspects, Salford continues to struggle with the burden of high levels of deprivation, unemployment, teenage pregnancy, crime-levels, smoking rates, alcohol and drug abuse and sickness generally. The considerable range of economic and social profiles in different wards in Salford provides the context for the significant health issues and inequalities which the PCT is seeking to manage and reverse.

Salford Primary Care Trust was established in April 2001. It is one of two teaching PCTs in the North West and has a good achievement record against the Healthcare Commission Annual Health Check. However, despite these credentials, the PCT recognises that we need to do things differently to make an impact on the poor health indicators that Salford carries.

Salford’s Population and Health Status

Salford is classified by the Department for Environment, Food and Rural Affairs (DEFRA) as “Major Urban”. There are roughly 218,000 people living in Salford, mainly in urban areas, with around 230,000 people being registered with Salford’s primary care services.

Salford has a higher than average number of women of childbearing age, which may help explain the fact that there are more children aged 0-4 in Salford than we might otherwise expect.

Population segmentation analysis using Mosaic shows over 50% of Salford’s population comprise three types:
- Close-knit, inner city and manufacturing town communities (23%)
- Low income families, living in estate-based social housing (20%)
- Older families living in suburbia (13%)

Figure 2.1 below illustrates the distribution of Salford people by age and sex in 2006.

In coming years, it is thought that the population within Salford will fall slightly to 214,700 in 2012 but then increase back up to 218,300 by 2025 (see Figure 2.2).

‘adding life to years and years to life IN Salford’
Figure 2.1: Population distribution by age and sex, Salford 2007

Figure 2.2 Population distributions by age and sex, Salford 2025

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Notable features of the population distribution are as follows:

- the elderly population is increasing, resulting from a decline in the mortality rate and in past fertility rates.
- this has led to a declining proportion of the population aged under 16 and an increasing proportion aged 65 and over.
- projections for the over 65s show a steady increase in all age bands for both men and women.
- a higher proportion of women to men in the 85 plus age band is predicted, where the ratio is expected to reach 1.5:1 by 2025.
- there is a significant proportion of the population (20% overall) recorded as disabled from the Public Health 2007 Lifestyle Survey.
- Salford’s population is predominately white, with only 5.8% of the population being made up of other ethnic groups.
- according to the New Births Registry in 2006 there has been a significant increase in the Black and Minority Ethnic (BME) population from 0.3% in 2001 to 9.1% in 2006.
- the decline in the proportion of White British and White Irish that may be partly explained by the inward migration of other ethnic groups.

Migration between Salford and other areas within the UK accounts for the majority of movement into and out of the city. Between 2001 and 2006 people moving within the city accounted for about 83% of the total gross migration into and out of Salford.

However, beyond this broad segmentation considerable diversity exists within Salford. The PCT explicitly recognises this in its planning processes through the requirement to conduct Equality Impact assessment and Equity Audit on policies, services and developments. This includes traditionally hard to reach groups such as Black, Minority and Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) communities, but recognises the additional challenges for the district due to the historically small scale and disparate nature of some of these communities.

**Salford’s Ethnic Profile**

The 2001 census is the most accurate picture of the ethnic minority breakdowns; however, ONS have provided experimental statistics that can be used to show the percentage change of ethnic groups within Salford (see Figures 2.3 and 2.4).

There is a predominately White population throughout Salford with only 5.8% of the population being made up of an ethnic group other than ‘White’ as according to experimental statistics mid 2004 from ONS. It is noted that the White population figures will include the Orthodox Jewish population, which are a significant ethnic group in some parts of Salford.

The above analysis does not illustrate the largest minority group in Salford, specifically the Orthodox Jewish community. The group constitutes over 40% of the population of two electoral wards in the north east of Salford and has a higher proportion of under 18s than
Figure 2.3 Overall Population of Salford – Experimental Statistics mid 2004 (ONS)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Estimated Numbers (Thousands)</th>
<th>Percentage of Salford Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>195.8</td>
<td>90.5</td>
</tr>
<tr>
<td>White Irish</td>
<td>3.5</td>
<td>1.6</td>
</tr>
<tr>
<td>White Other</td>
<td>4.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Mixed</td>
<td>2.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>4.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>2.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Chinese / Other</td>
<td>2.9</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>216.4</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(Figures may not calculate due to rounding)

the general population of Salford. Furthermore, the community continues to grow at a rate far higher than the overall population. Considerable targeted work has been undertaken to understand the specific needs of this community to commission appropriate services in the area.

Figure 2.4 The % change in the Salford population, by ethnic group

The estimated resident population of Salford by ethnic group and sex is shown in Figures 2.5, as according to the ONS mid 2004 statistics.

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### Figure 2.5 Salford’s population by ethnic group and gender

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>107,500</td>
<td>96,800</td>
<td>1,700</td>
<td>2,300</td>
<td>500</td>
<td>200</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>108,800</td>
<td>99,000</td>
<td>1,800</td>
<td>2,100</td>
<td>500</td>
<td>200</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>216,400</td>
<td>195,800</td>
<td>3,500</td>
<td>4,400</td>
<td>900</td>
<td>400</td>
<td>600</td>
<td>600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Asian or Asian British: Indian</th>
<th>Asian or Asian British: Pakistani</th>
<th>Asian or Asian British: Bangladesh</th>
<th>Asian or Asian British: Other Asian</th>
<th>Black or Black British: Black Caribbean</th>
<th>Black or Black British: Black African</th>
<th>Black or Black British: Other Black</th>
<th>Chinese or other Ethnic Group: Chinese</th>
<th>Chinese or other Ethnic Group: Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>900</td>
<td>900</td>
<td>300</td>
<td>400</td>
<td>300</td>
<td>900</td>
<td>100</td>
<td>900</td>
<td>600</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>800</td>
<td>800</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>700</td>
<td>100</td>
<td>800</td>
<td>600</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>1,700</td>
<td>1,700</td>
<td>500</td>
<td>700</td>
<td>600</td>
<td>1,800</td>
<td>200</td>
<td>1,700</td>
<td>1,200</td>
</tr>
</tbody>
</table>

‘adding life to years and years to life IN Salford’
The population decline in White British and White Irish could be partly explained by the higher migration of other ethnic groups. Other white show a 6.7% increase in the one year period – this is due to the Eastern European Migrants. The Asian – Pakistani ethnic group shows the highest percentage increase of 15.2%.

Figure 2.6 shows that almost 62.5% of Salford’s population is in the working age group, with 19.36% and 18.16% classed as children and Pensioners respectively. The ethnic minorities within the age groups are very low compared to the ‘White’ category, only the age group of 16-64 show more than 1% of the population in the Asian and other classifications.

The mid year 2005 ONS information shown in Figure 2.7 provides the ethnic split of older age groups.

**Determinants of Health in Salford**

There are a range of determinants that contribute to the poor health burden in Salford, which include:

- high levels of deprivation;
- high levels of worklessness;
- poor housing;
- fuel poverty;
- low income; and
- low levels car ownership.

These are detailed in Appendix 2.1, but in summary these factors create a scenario of severe need and a poor standard of living for many families in Salford. Children born into these families are not given the opportunities afforded to those born into families in more prosperous areas.
This creates a cycle of repetition, with many families and particularly the children and young people have low expectations and little ambition. Reversing this cycle increases the scale of the challenge faced by the PCT and City Council.

**Life Expectancy and Infant Mortality**

**Life expectancy**

The fact that Salford people die on average 3 years earlier for men (compared with the national average) and slightly less than three years earlier for women is one of the starkest inequalities that the city faces. Table 2.8 below illustrates changes in life expectancy in Salford over the eleven years from 1995 to 2006 (using three-year averages). As can be seen, life expectancy has steadily improved in Salford, however the gap in life expectancy between Salford and England has deteriorated, for women and remained largely stable at around year years for males in recent years.

Figure 2.9 shows changes in life expectancy in Salford males from 1997 to 2015, with our target trajectory and projected performance up to 2006. Performance against trajectory has been mixed and shows a tail-off over the last few years, which if sustained will lead to us falling short of the 2010 target.

In males under 75, the largest number of months lost is for coronary heart disease which, causes a loss of more than 6 months compared to the England and Wales average. Digestive disease and lung cancer reduce lifespan by almost 4 months compared to England and Wales.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>People aged 55-64</th>
<th>People aged 65-74</th>
<th>People aged 75-84</th>
<th>People aged 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>22,673</td>
<td>17,735</td>
<td>11,646</td>
<td>4,070</td>
</tr>
<tr>
<td>Mixed Ethnicity</td>
<td>59</td>
<td>21</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>217</td>
<td>139</td>
<td>56</td>
<td>13</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>87</td>
<td>60</td>
<td>32</td>
<td>5</td>
</tr>
<tr>
<td>Chinese or Other</td>
<td>130</td>
<td>79</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>All People</td>
<td>23,166</td>
<td>18,034</td>
<td>11,764</td>
<td>4,099</td>
</tr>
</tbody>
</table>

‘adding life to years and years to life IN Salford’
Figure 2.8 Life expectancy in Salford 1995-2006

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>2002-4</th>
<th>2003-5</th>
<th>2004-6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>LE</td>
<td>Gap</td>
<td>LE</td>
<td>Gap</td>
</tr>
<tr>
<td></td>
<td>71.6</td>
<td>-3</td>
<td>73.4</td>
<td>-3.1</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>LE</td>
<td>Gap</td>
<td>LE</td>
<td>Gap</td>
</tr>
<tr>
<td></td>
<td>77.3</td>
<td>-2.4</td>
<td>78.3</td>
<td>-2.6</td>
</tr>
</tbody>
</table>

Figure 2.10 below shows changes in life expectancy in Salford females from 1997 to 2015, with our target trajectory and projected performance up to 2006. Performance against trajectory had been fairly consistent with trajectory up until 2000, when we began a significant departure below trajectory that has been sustained up to 2006 and, unless there is significant improvement, will lead to us falling well short of the 2010 target.

In females under 75, the largest number of months lost is for lung cancer which causes a loss of 5 months compared to the England and Wales average. Coronary heart disease leads to a loss of almost 4 months of life compared to the England and Wales average.
Figure 2.10: Life expectancy, Salford Females, 1997-2015

Infant mortality

In Salford, there has been a general improvement in infant mortality over recent years, from 7.3 to 5.4 deaths in infants aged under 1 year per 1000 live births between 1997 and 2006. This has led to a narrowing of the infant mortality gap with England and Wales by 1.3 as shown in Figure 2.11 below.

Figure 2.11 Infant Mortality Gap between Salford and England & Wales, 1997-2006

There are interventions that evidence tells us do have a demonstrable impact on Infant Mortality, e.g. reducing smoking. In addition, there are interventions that we know are likely to have an impact even without all the evidence, e.g. early booking and effective use of high-quality healthcare.

Other interventions such as prevention of maternal and infant infections are likely to improve infant mortality rates overall.
**Major Causes of Death in Salford**

If we are to work towards adding “years to life” in Salford, first we must understand why people in Salford die, and in particular, why they die earlier than in other parts of the UK. Figure 2.12 below shows the leading causes of death in Salford.

Figure 2.12 Causes of death in Salford, 2006

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Number of Deaths 2006</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory diseases</td>
<td>847</td>
<td>35</td>
</tr>
<tr>
<td>All cancers</td>
<td>647</td>
<td>26</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>367</td>
<td>15</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>146</td>
<td>6</td>
</tr>
<tr>
<td>Accidents</td>
<td>73</td>
<td>3</td>
</tr>
<tr>
<td>Mental and behavioural disorders</td>
<td>69</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>301</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2450</strong></td>
<td></td>
</tr>
</tbody>
</table>

(Source: Information department, Salford PCT)

As can be seen, heart disease, cancer and lung disease are at the top of the list. In Salford, these are all caused, above all else, by smoking (in the case of cancer, lung cancer, which is the most common fatal cancer in Salford).

SMRs (see Figure 2.13) are a measure of how likely members of a group population are to die of a particular illness. An SMR of **100 is average** for England and Wales, a figure **above 100 is greater than would be expected** in the population in question, and a figure **less than 100 is better than would be expected**. Further information on the causes of morbidity and mortality in Salford can be found at **Appendix 2.2**.

Clearly, Salford experiences rates significantly higher than the rest of the country for the major causes of death. It is particularly important to recognise the role that smoking plays in this being a key contributor to both cardiovascular/circulatory disease as well as cancer. The high SMRs for these key diseases explain the Life Expectancy gap evidenced at the beginning of this section.

**Health Inequalities**

The health gap between Salford and the average for England and Wales remains significant. People in Salford experienced higher levels of illness and lower life expectancy; this is particularly stark in levels of diseases such as cancers, respiratory disease and heart disease. There has been an improvement in health across the city but this is at a slower rate than that of the rest of England and Wales, therefore the gap continues to increase.

Salford also experiences internal health inequalities across the city with some of the wards experiencing up to 80% more disease than
Analysis of the numbers of premature deaths (<75) show the variation in mortality across Salford, which is closely correlated to deprivation and premature death rates among the most deprived 20% areas almost twice that of the least deprived.

**Figure 2.13 SMRs for selected causes of death in the City of Salford, 2004-2006**

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>SMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality from Circulatory disease - persons under 75</td>
<td>150</td>
</tr>
<tr>
<td>Mortality from Circulatory disease - persons, all ages</td>
<td>126</td>
</tr>
<tr>
<td>Mortality from all Neoplasms - persons under 75</td>
<td>145</td>
</tr>
<tr>
<td>Mortality from all Neoplasms - persons, all ages</td>
<td>135</td>
</tr>
<tr>
<td>Mortality from all causes - female, under 75</td>
<td>144</td>
</tr>
<tr>
<td>Mortality from all causes - male, under 75</td>
<td>141</td>
</tr>
<tr>
<td>Mortality from all causes - persons, under 75</td>
<td>142</td>
</tr>
<tr>
<td>Mortality from all causes - persons, all ages</td>
<td>124</td>
</tr>
</tbody>
</table>

**Figure 2.14 Years of Life Lost associated in areas in Salford with different levels of deprivation**

<table>
<thead>
<tr>
<th>Level of Deprivation</th>
<th>Years of Life lost &lt;75 (2004-6)</th>
<th>YLL Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least deprived Q1</td>
<td>5029</td>
<td>82</td>
</tr>
<tr>
<td>Local deprivation Q2</td>
<td>6458</td>
<td>108</td>
</tr>
<tr>
<td>Local deprivation Q3</td>
<td>6574</td>
<td>122</td>
</tr>
<tr>
<td>Local deprivation Q4</td>
<td>10,226</td>
<td>185</td>
</tr>
<tr>
<td>Most deprived Q51</td>
<td>12,020</td>
<td>216</td>
</tr>
</tbody>
</table>

To address the inequalities gap in the city the Primary Care Trust targets health improvement interventions in those neighbourhoods with highest levels of deprivation.

Further information of Salford’s current activities to reduce inequalities is described in Appendix 2.3.

**Analysis of Salford’s Outlier Indicators**

As part of the process in determining our priority outcome areas the PCT have reviewed available data for areas where we are outliers relative to the rest of England.
Other priority areas for which the PCT is not an outlier but have been designated priority outcome areas are as follows:

- Patient experiences
- The number of people moving off (Mental Health) sick pay and benefits
- Reducing obesity in all ages

Additionally, there are some crosscutting themes of Stroke Care and End of Life Care.

This analysis demonstrates that of the 26 outlier indicators reflected in the National Data Sets, there are some already met, a number that have pre-existing action plans in place, or they are covered by the prioritised outcome areas selected in this Strategic Plan. This analysis is shown in Appendix 2.4.

Priority outcome areas – the facts
In Figure 1.4 we listed the prioritised outcome areas on which NHS Salford will focus over the next five years. In this section we present the key facts that supported their selection.

Teenage Pregnancy
Figure 2.15 shows the Teenage Conception rates actual, target and projected. This shows that conception rates continue to rise away from the trajectory and further intervention is required to reverse this trend.

Each year, around 250 girls under-18 become pregnant in Salford.
In over half the wards in Salford more than 6% of girls aged 15-17 become pregnant every year, with some areas higher than 10%.

The overwhelming majority of under-18 conceptions are unintended and 44% lead to an abortion in Salford (2006).

The infant mortality rate for babies born to teenage mothers is 60 per cent higher than for babies born to older mothers.

The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year.

Estimates suggest that every £1 spent on prevention of teenage pregnancy approximately £4 is a saving to the public purse, when assessed over a period of 5 years.

**Smoking**


- Smoking is the single biggest determinant of premature death in Salford.
- Smoking is the single biggest determinant of ill health and premature death in Salford.
- In Salford 500 people a year die of smoking related illnesses, many of which will be premature.

Figure 2.16 below shows the number of people who have stopped smoking for 4 weeks or more over the period 2003/4 to the 31st March 2008. This is above the target trajectory planned, shown on the chart. However, evidence provided above suggests that the number of people who smoke needs to be further targeted.

The impact of smoking in Salford:
- The cost of hospital admissions in Salford due to smoking-related illness is over £3 million per year.
- The risks are big: half of all smokers die because of their smoking and smokers have disabilities on average 10 years before they die.

Figure 2.16 Smoking Quitters
**High blood pressure**

- In England 32% of men and 30% of women aged 16 or over have hypertension or are being treated for high blood pressure.
- The disease burden attributable to a systolic BP of 115 or above is:
  - 20% all deaths in men and 24% of all deaths in women
  - 62% of strokes and 49% of coronary heart disease
  - 11% of disability adjusted life years (DALYs).
- It is estimated that the cost of raised BP which leads to CHD and stroke is over £7 billion at 1999 prices.
- There are currently estimated to be roughly 20,000 people with undiagnosed hypertension in Salford.

The following chart (Figure 2.17) shows the Hypertension Prevalence for Salford PCT against the national prevalence, as identified within primary care. The relevance of this graph is that the national prevalence is increasing as more cases are detected and we are aware that within Salford not all hypertensives have yet been identified, thereby increasing their risk of an untoward event.

**Cardiovascular disease (CVD)**

- 50% burden of CVD in those over 30 years can be attributable to a diastolic BP of 115 or above.
- 31% to high cholesterol.
- 14% to smoking.
- Circulatory disease is the second major cause of premature (i.e. for people aged under 75) mortality for Salford.

The three factors above: high blood pressure, high cholesterol and smoking, together contribute to 65% of the total CVD incidence.
Cancer

- Cancer remains the biggest cause of premature mortality in Salford.
- Lung cancer is the biggest killer, but by the time symptoms develop, survival is poor.
- Deaths from cervical cancer are more than double the national rate.
- Link this to screening coverage, and we find that cervical screening coverage has dropped steadily from 80.6% in 2002 to 77.9% in 2007 of those eligible aged 25-64 years.
- Bowel cancer is the third most common cancer in the UK, and the second leading cause of cancer deaths. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent.
- National evidence shows inequitable take-up of screening opportunities by minority groups.

Figure 2.18 shows the cancer mortality rate for the Salford population, for males, females and all persons. These figures show a reducing trend, but in the second chart (Figure 2.19) shows the all persons mortality rate compared to the North West and England rates. This clearly shows that Salford is lagging behind both and needs to reduce further its cancer mortality rates to reach the England average.
Alcohol

- Levels of alcohol consumption in Salford are significantly higher than the national average. Among the adult population in Salford there are approximately:
  - 40,400 hazardous drinkers (23%)
  - 13,200 harmful drinkers (7.5%)
  - 4,200 dependent drinkers (4%).
- In Salford 70% of females and 65% of males drink above the recommended weekly limits.
- Recent synthetic estimates of the effect of alcohol on life expectancy estimate that, in Salford, 13.6 months of life are lost due to alcohol for males, and 6.4 months for women.
- In Salford, the rate of incapacity benefit claims as a result of alcohol dependence is the 3rd highest in England.
- Salford has the 6th highest rate in England for Alcohol-related hospital admissions:
  - 2,349 admissions per 100,000 (England average = 1,400)
  - 5,545 admissions per year.

The following chart (Figure 2.20) shows the rate of alcohol related admissions to hospital care is increasing, with a significant projected rise by 2001/12. The PCT has set a trajectory which reduces that increase, but the level of alcohol-related admissions remains significant. This is clearly a challenging area for the PCT, hence the prioritised status.
Anxiety and depression are the most common mental health problems in England and Salford. In Salford, it is estimated that 21,000 people are currently being treated for depression; this is 1 in 10. (Reference: The depression Report – London School of Economics, 2006)

In Salford, 51% of people claiming incapacity benefit have a mental health problem, compared with 40% in England.

Up to 40% of patients consulting their GP for any reason have a mental health problem and for 20-25% of patients, mental health problem will be the sole reason for attending. (Reference: Salford Commissioning Strategic Framework 2007 – 2012)

One in ten children in Great Britain aged 5-16 had a clinically recognisable mental disorder in 2004.

The service costs associated with dementia are far higher than all other conditions put together. They currently make up 66 per cent of all mental health service costs; by 2026 it is estimated that they will make up 73 per cent of all mental health service costs (at 2007 prices). (Reference: Paying the Price” King’s Fund – May 2008)

Evidence has determined that a range of minority groups suffer higher rates of Mental Health illness, but may also experience problems accessing services and support.

The following chart (Figure 2.21) shows the increasing burden over time which Mental Health incapacity for employment places on Salford, by showing an increasing proportion of people on incapacity benefit citing Mental Health problems as the reason.
Obesity

The following chart (Figure 2.22) shows that of the 85% (2006/7 and 2007/8) of children in the Reception Class, who had their measurements recorded, there were 11.7% recorded as obese in both 2006/7 and 2007/8. The same measurements were made on Year 6 children over the same period, when 86.6% (2006/7) and 85% (2007/8) were included. For these children the obesity rate was 21.1% (2006/7 and 2007/8), illustrating the worsening problem as children get older.

Figure 2.22 Reception and Year 6 children obesity rate
27.9% of Salford population are obese. This is significantly above the national average.

It is estimated that there are currently 39,000 obese adults, 68,000 overweight adults, 5,500 obese children and 5,700 overweight children in Salford.

(24.7%) of reception children and more than a third (33.9%) of year six children in Salford were either overweight or obese.

Year six children weighed in 2006 also weighed in 2000 showed the increase in prevalence of obesity and overweight in these children has more than doubled from 8.9% to 18.9%.

An analysis carried out at Salford PCT has estimated that obesity currently costs the city at least £10 million per year.

Obesity costs the Salford economy £5,834,314 a year in sickness absence from work.

The Active People Survey placed Salford in the bottom 25% nationally for taking part in regular moderate intensity sport and active recreation. Only 18.3% of the population of Salford completed 30 minutes of moderate intensity exercise at least 3 times per week.

Rates of anxiety and depression are three to four times higher among obese individuals

If the prevalence of obesity in deprived groups were to fall by 23% to the current levels of obesity in the population as a whole, this would reduce the infant mortality gap by 2.8%.

Diabetes is generally associated with poor diet and strongly correlated with waist circumference. In Salford, it is estimated that there may be up to 3,000 people with undiagnosed type 2 Diabetes.

As demonstrated above, the ten priority health areas have been selected because of their relevance for improving the health and well-being of the local population. The following section describes the PCT’s approach to commissioning, which is its primary tool for making positive changes that impact on health in Salford.

Commissioning health and healthcare

When planning and redesigning services, the PCT and practice based commissioners take a care pathway approach, looking at the contributions that all providers make along a specific pathway of care. This ranges from prevention, self-care, primary care, social care, secondary care, specialist care, rehabilitation and end of life care. The emphasis on redesigning care pathways has been to improve efficiency, effectiveness and patient experience, including a quicker, smoother journey from referral, assessment, diagnosis and treatment.

Redesign programmes are driven by clinicians and the public. The PCT has a range of clinical advisors, which is enhanced by involvement and direction from both Public Health colleagues and Practice Based Commissioners. The public is involved through various means and at different stages in commissioning processes.

Primary care commissioners work with local representative committees including the Local Medical Committee, Local Dental Committee, Local Pharmaceutical Committee and Local Optometry Committee to ensure that the primary care clinical workforce is engaged in commissioning developments and this is formalised through a number of committees.

Various disease specific or population group specific commissioning groups exist, which include representations from all or most provider types. The work of these groups feed into our contractual relationships with providers, ensuring that the PCT
contracts for the type and volume of services needed to underpin
the desired care pathway and specifications.

Appendix 2.5 provides a summary of the scope and configuration
of commissioned services.

As commissioners, we need to ensure that we commission services
that contribute to improving the health of the people of Salford. To
achieve this, commissioning contracts now include the need to
promote equality and diversity, compliance with legislation and
monitoring service uptake by equality target group, engagement of
vulnerable groups and communities and involvement of vulnerable
groups and communities in commissioning structures, e.g. by
consultation on new developments, patient panels, satisfaction
surveys, etc.

The following sets out selected examples of the more detailed
approach to commissioning for a range of service areas.

Children and Young People
Salford Children and Young People’s Partnership Board, which
includes young people and parent / carers, acts as the strategic
commissioner for all outcomes, including health. A second tier
service officer has been jointly appointed between the PCT and the
Children’s Services Directorate to ensure the effective
implementation of the commissioning process for children’s health
and wellbeing. Specific posts have been established to support the
delivery of the process guided by a commissioning programme
board.

Mental Health
Mental health commissioning and performance monitoring is
supported through a Joint Commissioning Framework, which is
managed through the Mental Health Partnership Board, acting on
behalf of the PCT Trust Board and the City of Salford Cabinet.

This includes a number of joint appointments and has User and
Carer representation as part of its membership. Care is fully
integrated between health and social care; service users have one
point of access for health and social care assessments and all care
follows the Care Programme Approach.

Salford PCT is a pathfinder site for ‘Improving Access to
Psychological Therapies (IAPT) and has adopted the ‘stepped care’
model across Salford, commissioning services from a range of
providers.

Practice Based Commissioning in Salford
Salford PCT supported the Practice Based Commissioners (PBC)
to establish a single consortium of all Salford practices in order to
take full advantage of the collective voice of local commissioners to
improve health outcomes and reduce health inequalities. The
consortium is called “Salford Practice Based Commissioning
Consortium” (PBCC).

Underneath this structure, practices have been ‘clustered’ to
provide a further local focus for commissioning. The size and
membership of eight clusters maps to City Council neighbourhood
boundaries.

All Cluster Leads meet monthly at the PBC Operational Board, with
performance and the development of commissioning proposals as
the principle agenda items. This group is tasked with producing an

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annual commissioning plan and organisational development plan under the overall strategic commissioning plans and priorities of the Trust. A Strategy Board meets bi-annually to develop the Consortium’s over-arching strategic objectives and govern entrance and exit.

The operation of the Consortium is governed by two complementary documents, the PCT Governance and Accountability Framework and the PBC Inter-Practice Governance Agreement. GP Practices sign up to the latter constitutes sign up to the Former agreement. These frameworks set out lines of accountability and the responsibilities of each party to documents. Provisions under these documents include conditions for entry and exit to the consortium, rules for the calculation of individual practice budgets and the movement towards fair shares. Performance management frameworks and rules for the development of commissioning proposals are also described in detail.

A focus of PBC in Salford is the link between participation and performance; a link which is formalised through the PBC Incentive Scheme. All practices sign up to this initiative, which incentives practices to attain agreed performance levels under the governance frameworks.

The PBC Operational Board is the Project Board for the delivery of the Best Value Programme for Commissioning. Clinical Leads, alongside commissioning managers, focus on specific projects aimed at reducing overall costs and improving quality of care for patients.

The aspiration of PBC in Salford is to formalise these governance arrangements into a legal contract with embedded performance targets. Organisational development work for the purposes of facilitating this measure is under way within both the Trust and Consortium.

Commissioning Business Services

The PCT is supported by the Greater Manchester Commissioning Business Service (CBS), commissioned through the Association of Greater Manchester PCTs (see Section 2 – Greater Manchester). CBS offer a range of services in the areas of business intelligence, procurement, collaborative contracting and elements of the commissioning business cycle.

The PCT and CBS are currently working on developing and agreeing a service level agreement to support this arrangement, in order to ensure that support is available to the PCT where commissioning capacity or competencies could be strengthened.

Similar consideration is being given to services available from providers under the national Framework for External Support for Commissioners (FESC) arrangements.

Specialised Commissioning

In line with the recommendations from the Carter Report, the commissioning of specialist services (as defined nationally), including specialised mental health services, is undertaken on behalf of the PCT by the North West Specialised Commissioning Team (NWSCT), who operate within clear governance arrangements on behalf of all North West PCTs. A member of the PCT Board has delegated authority to act on NWSCT.

Further detail of the Specialised Commissioning arrangements are in Appendix 2.6.
North West Ambulance Service
North West Ambulance Service
Bury PCT assumed the role of Coordinating Commissioner for North West Ambulance Services (NWAS) Trust, on behalf of the Greater Manchester PCTs, in February 2007. The contract covers all paramedic emergency services (PES) i.e. the provision of emergency services to patients not necessarily registered or resident in the area in which the incident takes place. The ambulance contract also requires emergency preparedness and the provider must comply with the Civil Contingencies Act, 2004 in the event of a major incident. As coordinating commissioner, Bury PCT also has responsibility for the Air Ambulance service staffing costs only.

Stakeholder PCTs are consulted with, and informed about progress, via the NW PCT Chief Executives Alliance group. The existing arrangements for Patients Transport Services (PTS) have been continued for 2008-9.

World Class Commissioning
World Class Commissioning
Salford PCT has benefited by being part of the World Class Commissioning (WCC) pilot early in 2008. This enabled the organisation to experience the assurance panel process and to develop an understanding of the WCC framework, although this was modified following the pilot.

The first national WCC Assurance process in November 2008 gave the Board further insight into areas of development for the organisation through the identification of five main areas for consideration for the PCT to successfully deliver our objectives. These can be summarised as follows:

- To further develop engagement with our public and patients.
- For the PCT to enhance its provider market management processes through integration of patient feedback and development of its analytical capabilities.
- For the Board to encourage the organisation to take risks and promote creativity and innovation.
- Encourages the PCT to maintain and develop the good relationships which exist between the PCT and clinicians across settings of care.
- For the PCT to further develop its understanding of provider economics, market analysis and needs assessment.

The Assurance Panel also determined the following areas of potential improvement:

- To ‘bring the outside world in’ by discovering how to bring the people of Salford with us in progressing our strategic objectives
- To learn how to deal with innovation in the absence of evidence
- To ensure that the public health priorities are evidenced as ‘golden threads’ through the organisation, including the development of a long term provider market in Salford which is fit for purpose
- To recognise that the ambitious and difficult objectives set through the Strategic Plan will require the PCT to transform itself and its population to deliver them.

Our aspiration is to reach world class in all competencies and to progress this we have identified a responsible Executive Director to each and a designated Lead Manager for each element of the competency. Since the launch of the WCC Framework in June 2008...
we have been developing our systems and processes to meet the competency standards, with a view to improving our capability as a world class commissioner. The national WCC Assurance process in 2008 has provided a baseline assessment for the organisation that we will strive to improve in subsequent years.

**Activity Plan to March 2009**

**How the PCT undertakes activity planning**
In order to support the effective planning and contracting of acute services, Salford PCT uses a modelling tool procured from Tribal Consultancy. The tool allows the PCT to quantify the volume and cost of acute services, over a period of years, in a more flexible and detailed way than previously. Currently, the model incorporates all specialties and the main acute commissioning currencies of:

- Elective inpatient spells and excess bed days;
- Day case spells
- Non elective spells (short stay and ordinary stay) and excess bed days;
- Outpatient attendances (first and follow up).

The model includes activity (at GP practice level) for all acute providers with whom the PCT holds a contract and incorporates Out of Area Treatments (OATs) at other providers. It includes Independent Sector providers such as Netcare's Greater Manchester Surgical Centre and the planned Clinical Assessment and Treatment Service (CATS) activity with Care UK. It includes some PCT provider services (e.g. Tier 2 services and planned CATS) and this will be extended over time.

The Salford commissioning model is populated up to the year 2012/13. It has been used to assist in the development of 2008/09 contract plans and to construct three-year activity plans and trajectories for Vital Signs. It incorporates activity required to deliver relevant access targets and other priorities, reflects major service reconfigurations, and plans to manage demand.

The model does have constraints and limitations. Its reporting function is limited and whilst it allows for assumptions to be incorporated and changed thus supporting scenario planning, this needs to be carefully controlled. In addition, the current projections do not incorporate assumptions relating to lifestyle such as smoking, obesity and alcohol consumption and do not reflect the impact of changes in medical technology, drugs and techniques.

The work will now be taken forward in the context of SG2’s Inpatient Demand Forecast model, commissioned by the North West Strategic Health Authority on behalf of the North West PCTs. The value of pursuing the SG2 model in parallel with our existing model is in the potential to benchmark ourselves against other PCTs and to benefit from international best practice and experience.

Whilst the model supports the contract and financial planning processes for acute commissioning, the model does not comprehensively cover the totality of PCT commissioned activity, as it excludes primary and community services.

The challenge is maintaining the model to reflect all commissioning redesign work ongoing and planned for Salford by ensuring that commissioning teams consider and quantify the impact of plans and assumptions upon activity volumes.
### Acute Care Activity Plan

The table (Figure 2.23) below summarises the PCT’s acute activity plans for the current and next four years. Further detail, e.g. specialty analysis, is included in the PCT’s financial template. The activity represents plans for all providers (contracted & OATs) for General & Acute and Maternity Services. It does not cover mental health providers’ activity, nor activity commissioned collaboratively, such as specialised services commissioned by the NWSCT.

#### Figure 2.23 – Acute Care Activity Plan

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<tbody>
<tr>
<td>Total outpatient attendances</td>
<td>241,806</td>
<td>231,850</td>
<td>230,482</td>
<td>230,676</td>
<td>212,431</td>
</tr>
<tr>
<td>Non-elective Spells</td>
<td>36,744</td>
<td>36,638</td>
<td>36,703</td>
<td>36,758</td>
<td>36,920</td>
</tr>
<tr>
<td>Elective Spells</td>
<td>29,288</td>
<td>29,288</td>
<td>29,307</td>
<td>29,338</td>
<td>29,522</td>
</tr>
</tbody>
</table>

Although outpatient and non-elective referrals nationally have significantly increased, this is not the case in Salford. The local acute trust (Salford Royal Foundation Trust) referral data has showed a gradual levelling off in referrals. As a whole, the Trust is seeing an increase in referrals - but these are not from Salford.

Salford PCT has contained non-elective growth. If obstetric activity is excluded, Salford PCT has reduced non-elective activity by c1/2% from 2007/08 levels (as at month 8). This contrasts with other Greater Manchester PCTs who have actually had an increase of 3% during the same period.

Within the contract for 2009/10, Salford PCT has built in a 0.5% growth in activity - which is consistent with 0% growth in GP referrals. This 0.5% is to cover population increases.

#### Appendix 2.7

Appendix 2.7 summarises the PCT’s commissioned acute activity plan up to March 2009 and performance forecast based on Quarter 1 actual activity. It also summarises the reasons for, and assumptions underpinning, the activity trends shown.

### Primary Care Activity Plan

The Government has recently highlighted the variation in GP provision across the country and highlighted the need to increase GP numbers in those areas that have the lowest numbers (Darzi, 2007). To reach the England average, Salford would need an additional 17 GPs and 6 practice nurses and would need to see a reduction in the number of GP practices from 54 to 41 (as shown on the Figure 2.24).

There is also considerable variation in the number of WTE GPs within Salford. This ranges from 0.23 to 0.95 WTE GP, per 1,000 weighted population. This equates to a four-fold variation in GP capacity between those GP practices that have the greatest GP resource and those that have the least (excluding excludes the Cathedral Centre and Asylum Seekers practices).

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Salford’s health services

Health services for the people of Salford are provided by an extensive range of providers, located mostly within the city, but also outside of Salford. Whilst some services are accessed by patients needing single interventions or periods of care, the management of those living with a Long Term Condition (LTC) consumes the vast majority of healthcare resources.

The breadth of these services includes:

- Prevention and health improvement
- Self care
- Screening
- Immunisation
- Primary care
- Community services
- Planned care (within and outside of hospitals)
- Urgent and emergency care (within and outside of hospitals), including emergency ambulances
- Mental health services
- Intermediate care
- Integrated care with social services
- Rehabilitation services
- Specialist care
- Continuing health care
- Funded nursing home care
- Prison health care
- End of life and palliative care
- Patient transport services

Figure 2.24 – Comparison of list size and Practice Staff (Taken from the NHS Information Centre www.ic.nhs.uk – practice data accurate as at September 2006, taken from the payment and registration system. Weighted population data taken from the 2006/07 and 2007/08 exposition book www.dh.co.uk/allocations)

<table>
<thead>
<tr>
<th>Service</th>
<th>Salford</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>WTE GPs per 100,000 weighted population</td>
<td>54.5</td>
<td>54.4</td>
<td>61.3</td>
</tr>
<tr>
<td>WTE practice nurses per 100,000 weighted population</td>
<td>26.7</td>
<td>25.4</td>
<td>29.0</td>
</tr>
<tr>
<td>WTE A&amp;C per 100,000 weighted population</td>
<td>121.8</td>
<td>107.8</td>
<td>109.2</td>
</tr>
<tr>
<td>GP practices per 100,000 weighted population</td>
<td>21.5</td>
<td>17.1</td>
<td>16.5</td>
</tr>
<tr>
<td>Average list size per WTE GP</td>
<td>1834</td>
<td>1839</td>
<td>1632</td>
</tr>
</tbody>
</table>

* The WTE per 100,000 weighted population includes Principals and Salaried GPs, but exclude retainers, registrars and locums. A WTE GP equates to 9 sessions of 4 hours 10 minutes (i.e. a total of 37.5 hours)

The vast majority of services are provided by:

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Salford independent contractors, such as GPs, General Dental Practitioners, Opticians and Pharmacists,

Salford PCT Provider,

Salford Royal NHS Foundation Trust, and

Greater Manchester West Mental Health NHS Foundation Trust.

Salford patients also receive care in hospitals outside of the city, mostly in surrounding district hospitals, and for more specialised care in specialist hospitals such as the Christies Hospital, Alder Hey Children’s Hospital etc.

In partnership with Salford City Council, the PCT also invests resources in a range of third sector providers who make valuable contributions to the health and well being of Salford's community.

New provider arrangements, such as Social Enterprises, are also commissioned in Salford. This includes a primary care social enterprise, Health Matters and Healthy Living Centres.

The local population may also choose independent sector (IS) hospital providers, either via contracted arrangements, such as the Greater Manchester Surgical Centre provided by Netcare, or via NHS Free Choice arrangements which provides access to a wide range of IS providers for a limited range of treatment.

The PCT recognises the contributions and value that individuals and carers add to managing their own health, particularly those with a long term conditions. The PCT commissions support for this from an Expert Patient Programme.

An analysis of the provider landscape for Salford shows, as would be expected, the most prominent providers being the local acute hospital and community services. Whilst the Salford population exercise their choice to access other providers of secondary care, very few patients receive care from other community services providers. This is mostly due to historical arrangements and pathways and to benefits associated with coterminosity with Salford social services.

Within secondary care, Salford patients are making good use of the independent sector surgical centre provided by Netcare and to a small extent other independent hospitals via ‘Free Choice’ arrangements. A significant amount of secondary care spend is consumed by specialist services, which are typically high cost/low volume treatments.

Within Mental Health Services the predominate provider is currently the Greater Manchester West Mental Health Trust, with Salford PCT providing some community mental health services. There is also significant spend within the independent sector. These are generally individual high cost cases.

Primary Care Services in Salford are currently provided via a range of different contracting models, which are currently under review.

There has been a review undertaken which identified that PMS (Personal Medical Services) practices received approximately £10 more per weighted patients than GMS (General Medical Services practices. The review was unable to identify any additional benefits to the population or the PCT for this additional resource. As a result, the PCT is currently in the process of renegotiating the PMS contract to ensure that it is focused on improving the health and
wellbeing of patients, access and quality of care. It is expected that the new contract will be in place by April 2009.

A more detailed presentation of Salford’s provider landscape is included at Appendix 2.8. This includes third sector and independent sector providers. Salford’s Strategic Commissioning Plan will impact across all elements of the provider landscape, which is explained further on in this plan.

**Advancing Quality**

Salford PCT is part of a pilot being directed through the NHS North West to incorporate quality monitoring into acute contracts in a defined list of procedures. The pilot involves Salford Royal Foundation Trust and the Advancing Quality criteria have been included in the relevant patient pathways. Implementation started in the summer of 2008 and will continue over the coming year.

**Salford PCT Provider Services**

The PCT’s Provider arm provides a full range of community and some primary care services in Salford. These services have been subject to efficiency reviews over the last 2 years, which have included the following:

- A review supported by Meridian to ensure efficiency in services;
- PCT Best Value reviews.

Salford PCT and the newly named Salford Community Health Service (PCT Provider Service) is implementing the Transforming Community Services Project to establish readiness for provider services to be established a separate organisation i.e. organisational models, culture, preparedness and corporate services. There are four main work streams:

- Business readiness and separation
- Commissioning and contracting
- Quality Improvement
- Organisational form.

Each of these work streams has groups and work plans in place and is established within the governance structure of the PCT. The Executive Team of the PCT have lead responsibility for the business readiness of Salford Community Health.

The new organisational structure and governance arrangements in the PCT were introduced in October 2008, when the Provider Board was established. The Provider Board is progressing the establishment of Service Level Agreements with PCT corporate services.

In order to progress the organisational form work stream there is a Project Team which crosses the whole organisation having within it representation from the community health services, Commissioning, Finance, Human Resources and Salford City Council Social Services. This team is accountable to a Project Board which is chaired by a non executive and includes in its membership the PCT Chief Executive, Executive Directors and elected members from Salford Council. These two forums are working towards a recommended organisational model for Salford community health services by May 2009, when Salford PCT Board and Salford Council Cabinet will consider the proposal for approval.

There are a series of road shows for staff at which potential organisational models are shared and to initiate the cultural shift
required to accommodate the new organisational model for the future. There has also been a staff focus group established to give feedback on the process and the models.

The recommended organisational model will be the result of exploring five different models: these are as follows:

- arms length
- community Foundation Trust
- integration with a social or health provider
- social enterprise and
- identifying a model that could comprise elements of all of the above.

These models will be assessed through a workbook evaluation process with agreed criteria. It is proposed that members of the PCT Board, Council Cabinet, Provider Services Board and Focus Group participate in this exercise.

After the recommended model is decided upon there will be an organisational development programme which will focus on moving the organisation into a position where it can culturally and structurally address the model to be implemented in 2010.

Greater Manchester

Greater Manchester has the most developed system of cross-city region collaboration in the UK outside London. The city region has, and is developing further, a powerful sense of place for Greater Manchester driven through a number of mature partnerships and organisations including:

- A partnership of the 10 local authorities acting as the Association of Greater Manchester Authorities
- Greater Manchester Police
- Greater Manchester Fire & Rescue Service
- A single economic development agency for the city region (Manchester Enterprises)
- A unified Chamber of Commerce
- The Greater Manchester Centre for Voluntary Organisation

Greater Manchester has made use of these structures to underpin the production of shared plans for transport, planning, economic development, and crime and disorder. The PCTs working together as the Association of Greater Manchester PCTs provide the unified and leading voice for health in the city region.

The Association of Greater Manchester PCTs is a partnership of all ten of the PCTs in Greater Manchester. The Association provides a forum for delivering co-ordinated leadership of healthcare for the city region and a collaborative approach to major service development and change.

Importantly the Association also provides a structure through which the Greater Manchester health system can interface or collaborate with other public services. This interface is achieved through the Greater Manchester Health Commission, which is made up of PCT Chairs, Local Authority Leaders and Executive Councillors.

Appendix 2.9 provides further information about the Association of Greater Manchester PCTs.
Healthier Horizons for the North West

Healthier Horizons for the North West was published in June 2008 by the NWNHS in response to the Next Stage Review carried out by Lord Ara Darzi. The report is considered to be one of the most important produced by the SHA and has been used to influence the development of this Strategic Plan.

The main themes from Healthier Horizons are as follows:

- Personalised care whilst retaining universality and tackling inequalities of access and health
- The need for advanced care environments and the challenge this poses for providers
- The need to increase emphasis on prevention and providing more care in community settings, closer to home, and away from hospitals.

More detail on the local interpretation of Healthier Horizons and its impact on the Salford approach is set out in Sections 3 and 4.

Relationship management

Salford PCT is an established organisation with a number of successful and fruitful partnerships in place. We recognise that successful relationships rely on many things:

- Individual style
- Organisational culture
- Organisational approach to risk
- Communication style and skills
- External factors, etc.

Through the national WCC assurance process we had access to stakeholder perceptions of the organisation and as part of the provider engagement undertaken for development the Strategic Plan we have sought further feedback (through a third party) from current and potential providers on how the PCT conducts itself.

This has highlighted a range of strengths, but also some areas where we need to strengthen our performance and consistency, e.g. improved communications, speedier decision making, develop market management techniques, etc.

We have already progressed staff development and through this additional feedback have recognised that we need to focus on some key areas to ensure our interface with the public and providers needs to be consistent, meaningful and focused on improvement.

Partnership Arrangements

Salford PCT’s most significant partnership is with Salford City Council. The partnership is well established and thrives on a number of interfaces, which include:

- Joint appointments in both Public Health and Commissioning;
- Co-commissioning arrangements through a series of partnership boards in key service areas;
- Shared planning, resourcing and operational management of LIFT (Local Improvement Finance Trust) facilities;
- Integrated budgets in Intermediate Care
- Development, agreement and delivery of the Local Area Agreement (LAA), specifically through the ‘Think Healthy’ theme.

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We have Section 75 agreements for pooled budgets in place in some shared service areas, managed mainly by our Commissioning Partnership Boards. These are well established and illustrate the scope of our joint commissioning, as follows:

- Mental Health Partnership Board
- Older People’s Partnership Board
- Children and Young People Partnership Board
- Learning Difficulties Partnership Board
- Independent Living Partnership Board
- Drug and Alcohol Dependency Partnership Board.

Further information on these interfaces will be found in later sections.

Clinical Involvement
Clinical involvement in PCT business is well established. Clinicians from a range of sectors is evident in a range of service improvement focused groups and committees. The strong level of involvement has been instrumental in ensuring effective delivery of improved care models and supporting change management. This has been evident in our Partnership Boards, NSF focused implementation committees and the SHIFT (Salford Health Investment For Tomorrow) Programme, which established the widespread use of multi-agency, multi-sector and multi-disciplinary groups for service improvement.

The development of Practice Based Commissioning capacity within Salford has enriched the scope of clinical leadership to support effective commissioning and our PBC Cluster Leads are closely involved in commissioning developments.

The established focus for this clinical input has been the Professional Executive Commissioning Committee (PECC), which was replaced in October 2008 by the Commissioning Board. This has retained the clinical focus to the membership and has strengthened PCT Board assurance.

Investment and Performance

Financial Management
The PCT has a track record of achieving its statutory financial duties each year and in 2007/08 reported a surplus of £973k. In addition, it also lodged £5.8m from its own resources with the Strategic Health Authority to assist in the achievement of financial targets for the North West.

The next few years will be increasingly challenging, as the rate of resource growth will be considerably slower than in recent years. As part of its long-term planning the PCT implemented a Best Value Review system with our Practice Based Commissioners in 2006/07 to identify savings from the current expenditure levels to ensure that funding would be available for future investments. Up until March 2008, this has released almost £3m and there are over 30 schemes in operation during 2008/09 that should make a further £4m available for reinvestment on a recurrent basis.

The PCT scored well on the financial indicators within the Auditors Local Evaluation (ALE) scheme, scoring the maximum level four on both Financial Standing and Financial Management in both 2006/07 and 2007/08. Robust plans covering at least five years in the future have been produced for each of the last four years and these are...
regularly updated to reflect the latest information available and presented to the Trust Board.

**Assessment of the PCT’s investment in priority areas using Programme Budget Data**

Programme budget data from the most recent Department of Health Return (2006/07) has been used to assess whether the PCT is currently investing appropriate levels of funding in the key priority areas. The cluster chart at Figure 2.22 below benchmarks the PCTs spend in 2006/07 against the Cities and Services ONS group.

The chart suggests that the PCT spends significantly more than other PCTs in the following categories
- cancer
- Problems of gastro-intestinal system
- Problems of the musculoskeletal system
- Problems due to trauma and injuries
- Problems of the genitourinary system

And significantly less in the following categories
- Healthy individuals
- Other

Figure 2.25 - Major Causes of death in Salford, shows that the main causes of death are circulation, cancer, respiratory, digestion, accidents and mental health problems. The programme budget data suggests that the PCT is correctly investing a relatively high spend in cancer, problems of the gastro – intestinal system and problems due to trauma and injuries. The programme budget data also indicates the PCT is investing a fairly high level of funds in respiratory, but is perhaps not investing sufficiently in circulation or mental health.

The PCT has previously used Programme Budget data to inform reform of services. Specifically, one of the Best Value projects referred to under Financial Management was a project looking at Gastrointestinal problems, also an area of high expenditure in 2005/06.

Whilst having some concerns over the quality of the Programme Budget data the National Centre for Health Outcomes Development Interactive Atlases were used to assess whether we achieved good outcomes for the level of investment in 2006/07. (Specific concerns in the 2006/07 data relate to: anomalies in the allocation of non-admitted patient activity costs; and the use of the “Other” category which appear to have overstated the levels of investment in certain categories due to a dramatic “underspend” on “Other” compared with other PCTs in the cluster.)

Overall, in the key priority areas the Atlases suggest the PCT is not achieving good outcomes despite high levels of investment. For instance, Salford PCT is in the highest band nationally for mortality from gastric, duodenal and peptic ulcers and is also in the highest band for expenditure in the programme budget category Problems of the gastro-intestinal system. A similar picture exists for mortality from bronchitis, emphysema and other COPD and the programme budget category Problems of the respiratory system. A similar position can be noted for mortality from cancer and the level of investment.

Broadly, this can be interpreted as being due to a lack of investment in the prevention of disease, the control of risk factors, the early identification of diseases and the management of long-term conditions. This results in high levels of non-elective activity and re-
admission rates. Significantly more work is required and planned to benchmark the PCT's spend in programme budget categories analysing spend across the different provider types – community, primary, secondary, tertiary.

Fig 2.13 identifies that the high SMRs for circulatory disease and neoplasms are the main reasons for the life expectancy gap that exists in Salford. With smoking being a key contributor to both cardiovascular/circulatory disease, as well as cancer, the PCT has identified a number of initiatives aimed at reducing the prevalence of smoking. Further initiatives have been identified to improve the early identification of cancers.

An area where the level of investment is relatively low is conditions of neonates. Fig 2.11 illustrates that there has been a general improvement in infant mortality over recent years in Salford but the narrative identifies that a gap remains. The narrative refers to modelling carried out by the Department of Health looking at the impact of reducing smoking in pregnancy, reducing the prevalence of obesity and reducing the levels of teenage pregnancy. Initiatives have been identified in each of these areas.

It is the PCT's aspiration that a significantly higher proportion of its monies will be invested in prevention and self-care, as illustrated in Figure 2.26.

It is anticipated that monies will become available for investment from the Best Value schemes described in the Financial Management section above.

Local Development Plan / Process for Investment and Reform

The Local Development Plan (LDP) process for the organisation has been modified to more closely align to the Process for Investment and Reform (PIR) developed through the Association of Greater Manchester PCTs. Within the PCT we have developed a similar process, which will essentially be comprised of the following features:

- Bids will be made through commissioning-related departments or groups only;
- Bids must contribute to the stated priorities of the organisation, articulated in the Strategic Plan e.g. reducing inequalities, contributing to priority outcome areas, etc;
- Unfunded bids will be carried over to subsequent years and may be programmed into the longer-term financial plan if they are sufficiently closely aligned to organisational objectives.

Business Planning and Performance Management

Each year, Salford PCT develops its annual operating plan, which has a hierarchical structure to ensure that there is a golden thread linking the PCT’s Strategic Objectives to individual member of staff’s objectives. The eleven Strategic Objectives identified in Figure 1.1, will be underpinned by Directorate Objectives, that will be delivered in each financial year and which describe the contribution to delivering local and national priorities, statutory responsibilities, areas identified as important by staff, patients and the public, work required to address key strategic risks and the PCT’s strategic initiatives.
Figure 2.25 Salford PCT benchmarked expenditure against Cities and Services ONS group

Cluster Graph: 23 PBCs

Choose PCT
Q31 - North West HA - Salford Teaching PCT (5F5)

Choose Year
2006/07

Choose Cluster
1 SUPER (7 groups)

Programme Budgeting Categories
1 Infectious diseases
2 Cancers and Tumours
3 Disorders of Blood
4 Endocrine, Nutritional and Metabolic problems
5 Mental Health Disorders
6 Problems of Learning Disability
7 Neurological
8 Problems of Vision
9 Problems of Hearing
10 Problems of circulation
11 Problems of the respiratory system
12 Dental Problems
13 Problems of The gastro intestinal system
14 Problems of the skin
15 Problems of the Musculo skeletal system
16 Problems due to Trauma and Injuries
17 Problems of Genito Urinary system
18 Maternity and Reproductive Health
19 Conditions of neonates
20 Adverse effects and poisoning
21 Healthy Individuals
22 Social Care Needs
23 Other

Lines towards outer edge of circle signifies higher national index score for Spend per 100,000 population in that PBC

Lines towards centre of circle signifies lower national index score for Spend per 100,000 population in that PBC

Numbers around edge of circle represent Programme Budget Category
Spend for each PBC is shown as an index from 0 (middle of circle) to 1 (outside edge of circle) Figures are taken from 'PCT Rankings' Sheet.

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Figure 2.26 Allocation of monies

Allocation of monies - Now

- Prevention and self care
- Community Services
- Prescribing
- Primary Care Service

Allocation of monies - 10 years time

- Continuing Care
- Specialist Commissioning
- Acute

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**Future business planning**

The PCT has robust processes in place for its annual business planning cycle. Progress against the PCT’s annual operating plan is monitored via the electronic Business Management System (eBMS). The eBMS is accessible via the intranet to all staff, eBMS is embedded within the culture and processes of the organisation, providing the basis for reporting to Senior Managers and Trust Board on progress against the annual operating plan.

The PCT involves staff across the organisation and colleagues from the City Council, Practice Based Commissioning clusters, the Professional Executive Committee and other stakeholders in the creation of the annual operating plan through a series of workshops. This ensures that the PCT has community and clinical input into its annual operating plan. The views of the public will be gained through a patient panel meeting that will review issues that have been identified by patients over the last 12 months and will identify priorities for the next 12 months.

**Performance in 2007/08**

As previously stated, Salford PCT was rated ‘Excellent’ for Use of Resources and ‘Good’ for Quality of Services in the 2006/07 Annual Health Check rating published in October 2007. Salford PCT was the highest rated Primary Care Trust in the North West and in the top three PCTs nationally.

Key areas of performance improvement during 2007/08 include:

- 18 weeks – the PCT has achieved the national standards and targets for hospital waiting times and is on track to achieve the majority of the interim wait time milestones;
- Choose & Book – recent utilisation figures indicate that almost three quarters of patients referred by GPs are referred using the Choose & Book system;
- Commissioning Crisis Resolution Services – working with the local mental health foundation trust, the PCT has significantly increased the number of people receiving home treatment from crisis resolution teams and has achieved the target.
- Accesses to Genitourinary Medicine Clinics – over 98% of patients are offered an appointment within 48 hours of contacting a Salford GUM service.

**Vital Signs 2008/09 performance**

The PCT will need to ensure that it monitors and sustains its performance against Vital Signs, existing commitments, Local Area Agreement indicators and Annual Health Check targets.

The PCT has a Balanced Scorecard, reflecting the new performance requirements and the trajectories set for 2008/09. The Balanced Scorecard is attached in Appendix 2.10 and the trajectories for the next three years are attached in Appendix 2.11.

Each indicator is assigned to a lead manager and accountable Executive Director to ensure ownership and leadership of the target and associated commissioning plans. Performance is monitored at three levels:

- Routine directorate monitoring by the lead manager and Executive Director;

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Corporate monitoring through the PCT's weekly performance meeting;
- Monthly monitoring by the PCT Senior Management Team;
- Bi-monthly monitoring by the Trust Board.

Targets within the new Local Area Agreement will also be monitored through the Local Strategic Partnership and Health Thematic Partnership.

**Performance Priorities**

Salford PCT has identified a number of indicators where performance in 2008/09 may be risk. This is based upon performance in 2007/08 and current performance in 2008/09. These are as follows:

- Smoking Quitters
- Chlamydia Screening
- Teenage Pregnancy
- Ambulance Waiting Times – Category B Calls
- Childhood Obesity

Three of the five are included in the priority outcome areas and an action plan is in place to mitigate this risk in the remaining two: Chlamydia Screening and Ambulance Waiting Times.

**Drivers for change**

*National Policy*

There have been numerous health policy developments over recent years and these have been summarised in Appendix 2.12. Of the policy levers shown in Appendix 2.12, the most significant in the context of this Strategic Plan are:

- Developing PCTs through *World Class Commissioning*
- The impact of *Patient Choice* and *Payment by Results*
- *Our Health, Our Care, Our Say: a new direction for community services*

Focusing on the Next Stage Review, the guiding principles contained are key to Salford’s PCT successful future:

- Fair, personalised, effective and safe services;
- Developing effective relationships, ensuring local accountability and engagement of patients and staff;
- Shift from speed of access to quality of care – measured by patient safety, patient experience and effectiveness of care: personalised, integrated care;
- Improvement driven by professionalism;
- Information and data to stimulate improvement;
- Local flexibility;
- Support innovation and improving clinical leadership.

The implementation of these principles is embodied in the Operating Framework 2009/10 wherein health and service priorities are as follows:

- Continued focus on subsidiarity
- Improved cleanliness and reduced levels of healthcare acquired infections
- Improved access to primary care services and maintenance on the 18-week standard
Keep adults and children well, improving health and reducing inequalities

Improved patient experience, staff satisfaction and engagement

Prepare for a state of emergency, such as pandemic influenza.

Importantly the Operating Framework also reinforces the need for:

- Making quality an organising principle of the NHS;
- Creating a financial regime which supports quality and innovation in services;
- Ensuring business processes are locally based and focused on partnerships.

Assessments – PESTELI and SWOT

To help assess the implications of national policy themes and other elements of the external environment within which the Strategic Plan will be delivered the PCT Board conducted a PESTELI analysis (Political, Economic, Social, Technological, Ecological, Legislative and Industrial), the results of which are presented in Appendix 2.13.

The following summarises some key themes that emerged from broader discussion of the PESTELI results.

- **Divergence in health and wellbeing** – the overriding, recurring theme concerned the divergence in health and wellbeing, particularly the disparity between the health ‘haves’ and ‘have-nots’. Whilst the PCT strives to reduce health inequalities, many social, economic and cultural factors may reinforce the divergence. Also, commissioning will face huge challenge to meet the differing needs of these populations.

- **Personal vs. public responsibilities** – such disparity leads directly to a debate about societal responses, i.e. whether and how to challenge the balance between individual, personal responsibilities and those of the state to provide services and support.

- **Lifestyle** – there is some potential for the positive impact of lifestyle messages to feed through (e.g. smoking ban and advice on diet and exercise)

- **Economic downturn** – which will have complex and uncertain consequences
  - Food and fuel inflation
  - Shocks to conventional attitudes, e.g. use of transport
  - Forcing people to make difficult choices, especially on priorities in the use of more limited resources

To support the implementation of its vision, aims and objectives it is critical that in parallel to the external assessment, the PCT considers the internal, organisational context. This has been done through two primary elements: a SWOT analysis conducted by the Board and feedback from its main providers. The results are included in Appendix 2.13. A summary of the results of both exercises are as follows:

- As an established organisation the PCT has many strengths, although its public profile needs greater clarity;
- The PCT needs to ensure consistency in its commissioning practices, demonstrating contestability and plurality is being applied;

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Develop methods to accommodate innovation, particularly in its quest to improve health and well-being:

To develop further its outcome based approach to commissioning;

A range of threats exist associated with resource availability and the potential for many of the assumptions.

To respond to these themes in implementing this Strategic Plan the PCT will particularly focus on its approach to the following:

- Engaging with the public – this has to be the top priority: to consult and inform the people of Salford on the challenges faced and possible responses. A plethora of approaches will be required given the complexity of audience and message.

- Rethinking the approach to managing health and wellbeing – to inform what is likely to be a growing debate on the appropriate balance between the respective rights and responsibilities of individual and state.

- Communications, especially in the impact of the media.

- Raising inherent trade-offs, particularly the opportunity cost of resource decisions and the causes of ill health.

- Challenging risk aversion, which can hinder innovation and improvements in health.

- Continue to refine commissioning practices, demonstrating contestability and plurality.

- Working collaboratively with partners – especially give the multifaceted causes and responses to the factors identified in the PESTELI and SWOT.

Engagement

As part of the strategic planning process the PCT has and continues to engage extensively with internal and external stakeholders. A summary of the main elements is set out below and is followed by illustrative examples of insights gained through the process.

- The core approach has been four separate half-day engagement workshops for four key constituencies: co-commissioners (including PBC cluster leads and Salford City Council); commissioning staff; public and voluntary sector; providers. Over 100 participants attended the workshops and represented an extremely broad range of organisations and interests.

- Each workshop followed a similar structure which comprised three main elements:
  - An overview of the strategic planning process and explanation, by an Executive Director, of the PCT’s stance on its revised vision, aims, objectives and proposed priorities for the future. The Chairman was also able to attend and introduced the workshops with co-commissioners and providers.
  - The introduction of scenario planning, including the ‘macro’ level work led by NHS North West (the four ‘what if’ health and wellbeing worlds) and the six local, ‘micro’ level patient examples, as explained in Section 4. The latter were used as the means to gain stakeholder views on the vision for health and wellbeing services in 10 years time and the opportunities and challenges these pose.
  - Feedback on the PCT, its proposed vision and aims, and broad engagement of the way in which the

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Strategic Plan could support better health and healthcare in Salford.

- In terms of process, the workshops were externally facilitated and the outcomes recorded and fed into appropriate sections of the developing strategic plan, such as the drafting of the vision, aims and objectives and starting to describe how services could look in 10 years time, through the six patient scenarios.
- Continuation of this process has been assured through routes such as sharing a summary of key themes back to some participants and the organisation of a series of additional workshops, in the form of drop in events, to enable more detailed discussion on the interventions proposed in the plan to tackle priority areas.
- Wider engagement has included attendance at a variety of additional meetings and organisations, including consultation at the PCT’s Patient Panel and the Overview and Scrutiny Committee.

Three illustrative examples of issues raised through this engagement and younger people’s engagement events are set out in Figure 2.27 and more detail is given in Appendix 1.1.

### Teaching and Research

Salford PCT was one of the first PCTs in England to be awarded the status of Teaching PCT. As a teaching organisation, Salford PCT has successfully capitalised on the status in a number of ways. It has increased the number of high quality trained clinicians working in Salford by improving training, recruitment and retention. It has provided Salford clinicians with new opportunities to enhance their skills and careers. It has developed mutually beneficial partnerships and joint posts with local education institutions and has

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<th>Figure 2.27 Issues raised at engagement events</th>
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<td><strong>Issue</strong></td>
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<td><strong>Vision, Aims and Objectives</strong></td>
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<td><strong>Scenario Planning – the six patient examples</strong></td>
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<td><strong>Delivering the strategic plan</strong></td>
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‘adding life to years and years to life IN Salford’
linked its education and development opportunities to workforce planning.

The main theme of the research effort within the PCT is consistent with WCC aims in developing translational research in the treatment of long-term conditions. The aim is to add to the knowledge base of evidence-based interventions and their applicability in the broader population outside cohort studies.

Salford PCT is proud to be part of the new Manchester Academic Health Science Centre (MAHSC), which received national accreditation in March 2009. The partnership of six NHS organizations with Manchester University was formed in 2008 to compete in a strong field. The joint application was strongly praised by the international evaluation panel, especially for its vision. Achievement of this status is expected to secure substantial funding for national leaders in education, research and health provision, which will be based locally.

**Estates Strategy**

Salford PCT has developed an Estates Strategy (attached at Appendix 2.14) for the period 2008 – 2018, by responding to three key questions: where are we now?; where do we want to be?; and how do we get there?

The result has been a comprehensive service-based document, which reviewed and determined a plan for all premises used by the PCT, its provider services and contracted primary / dental services: PCT owned or leased; Local Improvement Finance Trust (LIFT) facilities; GP premises; and Dental premises. The strategy has informed the development of the Financial Plan associated with this Strategic Plan.

Salford PCT is a proud partner of the MaST (Manchester, Salford and Trafford) LIFT, having seen the delivery of two health facilities in the New Deal areas of Lower Kersal and Charlestown, and three innovative health and Local Authority ‘Gateway’ facilities. These latter developments, operationally commissioned during 2008/09 provide totally integrated facilities, which in addition to a comprehensive range of health services also include libraries, City Council one-stop shops, community space, etc. The Strategic Service Development Plan (SSDP) for the second tranche of LIFT developments is provided at Appendix 2.15.

No final decisions have been made with regard to the future asset ownership by the Commissioner or Provider arms of the PCT. A proposal will be submitted for the Trust Board to consider in late 2008 / early 2009 for a decision. It is likely that asset ownership will remain with the Commissioner in order to retain flexibility in the future with regard to bringing new market entrants into the system and in maximising flexibility in commissioning.

**Conclusions**

This section has provided the overall context for the Strategic Plan by describing Salford’s environment and people, their health needs and existing commissioning arrangements. We have described the current provision of healthcare and an analysis of the market, along with a summary of PCT performance.

Throughout the development of the Plan there have been various engagement events with the PCT Board and a range of ‘adding life to years and years to life IN Salford’
stakeholders, which has provided intelligence used to inform the strategy and delivery plan.

The following section (Section 3) describes the PCT’s strategy. It restates our objectives and priority areas that will deliver improvements in the health and well-being of Salford’s population. The initiatives that we will deploy are described, along with their anticipated impact.
Section 3 – Strategy

Purpose of this section: This section presents Salford PCTs Strategy for 2009 to 2014. It confirms the priority outcome areas, developed in the context of the organisation’s vision and aims. Each of the priority outcome areas has associated initiatives for improvement attached to them and the impact of these is described.

Integrated Strategic Direction

The overall strategic direction of the PCT is given by its vision and three aims that are set out in Section 1, specifically in Figure 1.1. The overall purpose of the 5 year plan is clear – to improve the health and wellbeing of the people of Salford. The objectives have been identified using evidence, especially through public health intelligence, as the appropriate means to achieving the stated ends. They were assessed by considering potential impact on health status and the burden of disease from particular conditions. The organisation’s eleven specific objectives, which are in effect its goals, and will be pursued in order to meet the vision, are set out below.

1. Work with partners to ensure people live longer, healthier lives, providing additional support to vulnerable groups.
2. Work with partners to provide a range of active support to Salford’s people to make healthy choices to reduce lifestyle related illness.
3. Work with partners to support Salford people to take greater responsibility for their health.
4. Support individuals and their carers to develop the knowledge, skills and confidence to care for themselves and their conditions effectively.
5. To direct resources towards preventative interventions and to meet local health needs.
6. Ensure services are delivered to best practice, quality and safety standards.
7. Identify service models that will have the best outcomes.
8. Locate services closer to home, as appropriate.
9. Improve efficiency of health services and ensure value for money.
10. Lead the NHS in Salford and commission effectively with stakeholders, meeting World Class Commissioning competencies.
11. Make commissioning decisions based on high quality information, to reduce inequalities.

These overarching objectives will be pursued with particular focus in the 10 priority areas of care, again determined through evidence and stakeholder opinions on the areas of greatest health burden in Salford:

1. Health inequalities
2. Life expectancy
3. Teenage pregnancy
4. Smoking quitters
5. Hypertension prevalence
6. Cancer mortality rate

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7. Patient and user experience
8. Alcohol related harm
9. Out of work related to mental health problems
10. Obesity

Specific metrics and performance measures have been established for each of the priority areas and initiatives proposed, assessed and selected based on their anticipated impact on health status. A dimension of each initiative will be to ensure the consideration and inclusion of equality target groups. This will be assured by Equality Impact Assessment of the corresponding Business Case.

Following a visit to Salford PCT by the National Inequalities Support Team in March 2009 we have identified a number of key actions to reduce mortality from our biggest killers, Cardiovascular Disease (CVD), diabetes and cancer. These actions build on activity already taking place in primary care services, by targeting GP practices with lower indicative coronary heart disease (CHD) prevalence, reducing Quality and Outcomes Framework (QoF) exception reporting and ensuring effective treatment of existing CVD. These actions will be applied systematically across the PCT to impact on the 2010 mortality target.

This work will also extend to eliminating the gap between prevalence and actual registers. This will be underpinned by outreach work to identify and treat those with existing disease. The national vascular screening programme will identify people with hypertension and heart disease risk factors and ensure appropriate primary care management.

The publication of the Operating Framework for 2009/10 has provided further context for these initiatives, directly contributing to the health and service priorities of improving health, reducing inequalities and addressing patient experience.

In addition to the above, a wide range of additional objectives, from national imperatives such as access targets, to development initiatives, such as WCC, will continue to be pursued by the PCT.

**Progressing the Initiatives**

In the previous section we have described the process of confirming the priority outcome areas that the PCT will target over the next 3-5 years. We have developed our delivery planning further by identifying a set of initiatives to improve health outcomes. These are shown on the following table Figure 3.1. The table shows the goals, prioritised outcome areas, measures and a summary description of the initiatives. A more detailed description of the individual initiatives have been collated into Appendix 3.1.

Over the five years of the associated Financial Plan there is over £15 million in initiatives aimed at addressing the priority outcome areas and improving the health and well-being of the population. The main investment areas are as follows:

- Smoking cessation £ 1.9m
- Teenage pregnancy £ 0.5m
- Alcohol £2.2m
- Mental Health £275k (in addition to the £1m IAPT project allocation)
- Cancer £0.9m
- Hypertension £1.1m
- Obesity £3.9m
- Health Inequalities £3.7m
- Others £0.6m

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<th>Goal</th>
<th>Outcome Measure</th>
<th>Initiatives</th>
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| To reduce health inequalities             | Health Inequalities | **Develop capacity and capability in social marketing to underpin health promotion and commissioning activity**  
The initiative will provide a co-ordinated approach to the use of social marketing techniques across the Strategy building the capacity of both PCT and partner agency workforce to utilise social marketing techniques. |
|                                           |                  | **The initiative is the delivery of health strategies to improve health and reduce health inequalities through neighbourhood health improvement**  
The initiative will ensure health improvement is targeted and delivered to people experiencing poorest health in the city. The delivery system will ensure local people are at the heart of the initiatives and the delivery of the health strategies are tailored to meet then needs of the specific areas and communities. |
|                                           |                  | **Reduce health inequalities caused by fuel poverty and poor housing**  
The initiative will work within key relevant health and care pathways to identify and train health professionals and put in place a referral mechanism to support patients at risk of ill-health caused by fuel poverty and related poor housing. The mechanism will manage access to a wide range of fuel poverty measures, including income maximisation, Warm Front grants and energy efficiency solutions as well as to local housing services such as the handypersons scheme. |
| To increase life expectancy               | Life Expectancy | **The initiative is developing and implementing a local teenage pregnancy strategy**  
The initiative will reduce teenage conceptions. |
|                                           | Under 18 conception rate | **The initiative is to expand access to sexual health services including contraceptive services for young people in Salford**  
The initiative will increase the number of clinics and the number of venues where sexual health and contraceptive services for young people are offered. |

in Salford"
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<th>Goal</th>
<th>Outcome Measure</th>
<th>Initiatives</th>
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| To reduce the rate of teenage pregnancy  | Under 18 conception rate | **The initiative is to reduce teenage pregnancy through the systematic provision of high quality SRE in schools and pupil referral units across Salford**  
The initiative will improve and standardise the quality of SRE in schools, raise the profile of the importance of SRE and provide educational input that is sensitive to and has been influenced by the views of stakeholders especially young people in Salford.  
**The initiative is to provide targeted support to young people at high risk of teenage pregnancy**  
The initiative will provide sexual health including contraception services for vulnerable young people in addition to routine services.  
**Increase smoking cessation support for pregnant smokers**  
This initiative will ensure a more robust service for pregnant smokers.  
**Smoke Free Cars**  
The initiative will reduce children's and young people's exposure to second hand smoke and its harmful effects.  
**Smoke Free Homes**  
The initiative will reduce exposure to second hand smoke in the home, especially within a number of priority groups, and to raise people's awareness of the dangers of second hand smoke.  
**Develop effective interventions, educating, screening and referring to services to create a smoke free Salford**  
The initiative will ensure that Salford has robust approaches and service provision addressing second hand smoke, and support for this through partner organisations.  
**Develop effective Level 1 brief interventions for smoking cessation**  
This initiative will ensure that brief interventions for smoking cessation are carried out by a range of front line health professionals and other appropriate staff, who might encounter smokers in their work.  
**Develop effective Level 2 intermediate interventions for smoking cessation**  
This initiative will ensure that Salford has a robust Level 2 intermediate service provided by a range of Primary Care services and supported through partner organisations.  
**Develop effective Level 3 specialist interventions for smoking cessation**  
This initiative will ensure that Salford has a robust Level 3 specialist service for smoking cessation. |
<p>| To reduce the number of people who smoke  | Smoking quitters  | &quot;adding life to years and years to life IN Salford&quot;                                                                                         |</p>
<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome Measure</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce the risk from hypertension</td>
<td>Hypertension prevalence</td>
<td><strong>Vascular screening in primary care</strong>&lt;br&gt;The initiative will complement existing work in primary care to identify and manage people with previously undiagnosed hypertension.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>The initiative is to increase the proportion of people known to have hypertension who have their blood pressure and cholesterol well controlled</strong>&lt;br&gt;The initiative will offer support to practices and additional incentive to primary care practitioners to increase the proportion of people with controlled hypertension.</td>
</tr>
<tr>
<td>Reduce deaths from cancer</td>
<td>Cancer mortality rate</td>
<td><strong>HPV Vaccine</strong>&lt;br&gt;The initiative will launch the Human Papillomavirus (HPV) vaccine in Salford. Reduction in HPV rates is proven to dramatically reduce the incidence of invasive cervical cancer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Deliver new cancer access targets</strong>&lt;br&gt;The initiative aims to contribute to the reduction of Salford’s cancer death rate by further reducing waiting times for cancer diagnosis and treatment. This is in addition to maintaining existing cancer waiting time standards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Cancer Healthy Communities Collaborative</strong>&lt;br&gt;The initiative aims to ensure the sustainability, roll-out and development of the Salford Healthy Communities Collaborative. To date, this project has focused on promoting the early presentation of cancer symptoms for breast, bowel and lung cancer in Salford localities affected the most by these cancers. The initiative aims to reduce cancer incidence and support the earlier identification and treatment of cancer in order to improve outcomes and reduce deaths.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Develop cancer screening programmes, including increased coverage</strong>&lt;br&gt;The initiative aims to develop cancer screening programmes and increase screening take up rates in order to increase the number of cancer cases identified early on in development and therefore contribute to a reduction in cancer deaths, as cancer outcomes are notably better if identified and treated early.</td>
</tr>
</tbody>
</table>

‘adding life to years and years to life IN Salford’
<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome Measure</th>
<th>Initiatives</th>
</tr>
</thead>
</table>
| To utilise patient experience in commissioning decisions | Self reported experience of patients and users | The initiative is comments cards  
The initiative will enable patients and service users to much more easily make comments about the service they have received. |
| | | Commissioning of a Drama Company to raise awareness and recruit involvement within children and Young People  
The initiative will enable us to elicit the views of those seldom heard within Salford. |
| | | Mainstream involvement of service users, carers and citizens in planning services  
The initiatives will enable the PCT to access the views of the wider population including seldom heard and service resistant populations in respect of commissioning decisions. |
| To reduce the impact of alcohol-related harm | Rate of hospital admissions per 100,000 for alcohol related harm | Develop effective alcohol treatment provision for people within the criminal justice system  
The initiative will ensure that individuals within the criminal justice system have adequate access to alcohol treatment services to enable criminal behaviour linked to alcohol misuse to be addressed appropriately. |
| | | Develop effective tier 1 interventions in line with Models of Care for Alcohol Misuse within Generic services  
The initiative will ensure that Salford has a robust tier 1 service provided through a range of generic services and supported through partner organisations CPD arrangements. |
| | | Development of a robust alcohol treatment system which has the capacity to deal with the growth in need for alcohol treatment  
The initiative will ensure that people who are hazardous or harmful drinkers requiring therapeutic input have access to the relevant treatment services. |
| To reduce the social and economic impact of mental health problems | The number of people moving off (Mental Health related) sick pay and benefits | Review and re-commissioning of tier 4 inpatient detox services  
The initiative will ensure that people who require inpatient detox services have access to the relevant treatment in an appropriate setting within easy reach of the locality. |
| | | Implementation of ‘Improving Access to Psychological Therapies’ services (IAPT)  
The initiative will significantly improve access to primary therapy, for those with anxiety and depression. |
| | | Employment Strategic Partnership Agreement - as part of ‘Improving Access to Psychological Therapies’ (IAPT) national programme  
The initiative will ensure additional support for people who are suffering from depression and anxiety, and need help returning to work. |

‘adding life to years and years to life IN Salford’
<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome Measure</th>
<th>Initiatives</th>
</tr>
</thead>
</table>
| To reduce the social and economic impact | The number of people moving off (Mental Health related) sick pay and benefits    | **Increase access to relevant support agencies of patients with mental health problems who are in receipt of incapacity benefit**  
This initiative will improve the employment opportunities of people who are out of work due to mental health problems.                                                                 |
| of mental health problems                 |                                                                                 | **This initiative will build capacity of the Primary Care workforce and others in generic roles to identify, support and/or refer people with mental health problems to routes back into employment**  
This initiative is aimed at improving the employment opportunities of people who are out of work due to mental health problems. |
|                                           |                                                                                 | **Workplace initiative to support people with mental health problems to stay at work**  
This initiative is aimed at developing systems, across the city, to allow people with mental health problems to stay at work. |
| To reduce obesity in all ages             | Obesity (childhood - see cross-cutting themes below)                             | **Development of a Adult Weight Management Pathway**  
The initiative will ensure that overweight and obese adults have access to services that support weight loss and maintenance of a healthy weight.                         |
|                                           |                                                                                 | **Development of a Children's Weight Management Pathway**  
The initiative will ensure that overweight and obese children, young people (0-19 year olds) and their families or guardians have access to services that enable the achievement and maintenance of a healthy weight. |
|                                           |                                                                                 | **Provision of supportive local environments that encourage that maintenance of a healthy weight**  
The initiative will, create an extensive range of community based nutrition and activity interventions to improve access and availability for individuals, families, groups and employees supporting and enabling them to maintain their healthy weight. |
|                                           |                                                                                 | **Skill development of the obesity workforce**  
The initiative will identify and train staff from all partner organisations to be able to opportunistically raise weight as a health issue and provide a weight management brief intervention in a sensitive and appropriate manner. |

‘adding life to years and years to life IN Salford’
The initiatives remain subject to Business Case development and approval through the established process.

The initiatives have been shared with members of the public, staff, co-commissioners and providers at engagement events and through ad hoc attendance at scheduled meetings with partners and interested parties.

**Impact of the initiatives**

Delivering the initiatives in this Strategic Plan will transform the life experiences of Salford’s people, helping children and young people have a good start and the prospects of longer and healthier lives. The interventions will benefit adults of all ages, as the lifestyle and service changes we propose will have a positive effect across the age spectrum.

The strategy recognises the requirement to improve the health of the worst off in Salford, through targeting our programmes, but also the awareness that deprivation and its effects are not narrowly confined to the most deprived communities. Social marketing techniques will be applied to ensure interventions reach the communities with greatest need.

The programmes identified will have differential impact in the timing and type of their health and wellbeing outcomes, adding years to life and life to years. Initiatives include those with more immediate benefits, as well as those impacting over the course of the strategy and beyond. The outcomes range from measures such as mortality reduction to broader issues such as community capacity and public involvement.

A full metrics framework that will link to the performance and monitoring will support the strategy. The chosen priorities include those with the highest potential to impact on the 2010 health inequality target for mortality as identified by the DH and are evidence based in relation to impact. These include increased emphasis on primary care capacity to:

- Reducing smoking prevalence
- Identifying and treating undiagnosed hypertension
- Cholesterol lowering
- Reducing Infant mortality

The context for potential health improvement is demonstrated in Figure 3.2 by the application of analysis identifying the scale of change needed. *(Our life in the NW: Tackling Inequalities in the NW - August 2008)*

This analysis confirms that the current trajectory will not deliver the mortality reduction needed to meet the 2010 Life Expectancy target. It also identifies the number of additional deaths required to be prevented to meet the target (50). This clarifies the likely scale of impact required to achieve the target and serves as context for the strategy.

As an example of the scale of response required and the potential for improvement meeting the targeted reductions for reducing premature mortality from cancer and circulatory disease, Salford’s biggest killers, requires an annual reduction in deaths by approximately 116 by 2010.
The PCT is further developing its modelling capacity with a view to use this as a mechanism to both refine and test delivery assumptions. In the interim, the London Health Observatory Inequalities Intervention model has been used to test the scale of impacts. This tests assumptions in relation to the high impact initiatives recommended by the Department of Health: smoking prevalence, treating hypertension, cholesterol reduction and reducing infant mortality. Because the model’s assumptions are fixed, the findings should be interpreted as indicative.

We have tested a number of scenarios in the model. For example:

- Doubling the number of smoking quitters
- Identifying and treating 40% of those with undiagnosed hypertension and treating 10% of these with a statin
- Modest improvement in infant mortality

For example:

A narrowing of the LE gap of 4.9% in males and 6.9% in females. Accompanied by an 11.4% reduction in the AACM (All Age all Cause Mortality) rate: equivalent to approximately 23 deaths.

Increasing the proportion of hypertensives treated to 60%, with 15% of these on a statin predicted.

A narrowing of the LE gap of 6.9% in males and 9.7% in females. Accompanied by a 15.8% reduction in the AACM rate: equivalent to approximately 32 deaths.

We will extend the approach in developing our own health-impact modelling capacity. Initially this will focus on a developing a local ‘adding life to years and years to life IN Salford’.
In addition to the impact on inequalities between Salford and other areas, the strategy will also target inequalities within Salford. This will be informed by analysis of the patterns of avoidable mortality, carried out as part of the JSNA. This linked population segmentation, using Mosaic data, with analysis of potentially avoidable deaths. This identified considerable scope for targeted improvement within four particular population segments:

- Mosaic group F: People living in social housing with uncertain employment in deprived areas
- Mosaic group G: Low income families living in estate based social housing
- Mosaic group C: Older people living in social housing with high care needs
- Mosaic group D: Close-knit, inner city and manufacturing town communities

These groups experience the worst health inequalities, particularly in term of premature mortality. By paying attention to this, we plan to save over 4900 Years of life lost (YLL).

This work has identified the communities that could be targeted for initiatives such as smoking cessation in order to have the maximum impact in reducing mortality. For example, reducing smoking prevalence among communities with high levels of social housing in seven Salford wards has the greatest immediate potential for health gain.

The strategy will deliver on meeting a number of national targets across a number of health conditions, for example, implementing the HPV vaccination programme, increasing screening coverage, especially for cervical and breast cancer, implementing the age changes to breast and bowel cancer screening programmes and meeting the referral requirements for cancer pathways. Awareness of cancer and action to promote earlier presentation are included as there is evidence that in deprived areas patients present later. In addition to focussing on the 3-5 year timescale the strategies balanced portfolio of priorities will generate longer-term health gain, focussing on reducing teenage pregnancy and obesity and improving mental health, which represents the PCT largest areas of spend and is a major contributor to morbidity.

The strategy will also address the equality target groups and ensure compliance with the PCT’s Single Equality Scheme.

The programmes within the strategy will be underpinned by a social marketing plan informed by detailed population segmentation and deep understanding of the local population. Strengthening community capacity and building on the existing good practice are vital.

On-going analysis will be undertaken as the Strategic Plan is delivered to understand the impact of these initiatives on provider activity across all sectors. This is a complex area and one that we will look to learn from experiences in other health economies, in addition to developing our own intelligence, in order to factor such changes into our provider activity plans and contracts.
Reducing Health Inequalities

In Section 2 we described a programme of interventions developed to reduce health inequalities within Salford, which included:

- Community support groups for stopping smoking
- Smoke free homes scheme
- Community Food Workers scheme
- Health Trainer scheme
- Teenage pregnancy support
- Health walks
- Social support networks
- Breast feeding support
- Social prescribing
- Cancer screening awareness

In addition to those activities focused on reducing Salford’s health inequalities, we are also exploring some strategic priorities for reducing obesity. These include interventions that target pre-school children and their families, further encourage breastfeeding, healthy weaning and identify and train those staff in a position to perform motivational/brief intervention work around healthy eating/active lifestyles as part of their role.

The LAA has identified a targeted and co-ordinated approach to address known inequalities and health issues of older people in Salford by focusing on a range of priorities for older people, which will provide an opportunity for integrated, cross cutting work with partners to enhance the quality of life for older people.

The aim is to introduce interventions that:

- Help older people to find a purpose in their life, where appropriate;
- Encourage engagement in community activities;
- Enable those who are able to enter into work;
- Improve their general health and well being; and
- Contribute to community and neighbourhood sustainability.

Salford also has a relatively small but growing ethnic population. The older population within minority communities is also a very small proportion of that total population. This presents even greater challenges in developing responsive services.

The aims of interventions will be to:

- Ensure that the needs of older people in minority communities are properly understood;
- Increase the opportunities for older people in minority communities to remain active and healthy; and
- Ensure that older people from minority communities who are in need of more intensive health and social care interventions receive services that are responsive to their needs.

These and other equality target groups within communities will be a focus of our work to reduce inequalities and ensure all sections of Salford’s population have improved health and well-being.

Reducing inequalities will increasingly influence the commissioning of front-line health care provision. This is evidence in recent developments in primary care with the development of Equitable Access practices and the renegotiation of the PMS contract. The close involvement of Practice Based Commissioners in the development of this plan’s priority outcome areas will support the on-going involvement of primary care in its delivery.
The Patient and Public Involvement Team have sought patient’s views on many of the services designed to reduce health inequalities. Particularly CHD, diabetes and cancer and have also used the Patient Forum to consult on the Single Equality Scheme which deals with equality and diversity.

In addition to this, the disease specific services have developed robust Patient Forums who have been empowered to give their views on services delivered to increase the understanding of the disease processes and enable them to prevent/arrest the disease process.

The PCT continues to recruit service users onto their citizen and patient panel to influence decision-making.

Salford PCT – Leader of the local NHS

To deliver the ambitious vision, aims and objectives and make progress on all 10 priority areas set out above will require strong leadership to achieve transformational change. The PCT will need to maintain and further enhance its respect, reputation and authority amongst the many stakeholders through which improvements will be achieved. The main development themes, which have emerged from the internal development of the strategic plan and external engagement, are set out below.

- Stronger strategic commissioning related directly to health needs and improved outcomes, with a more robust evidence base for decisions, quicker decision making, clearer accountability (to public and partners) and transparency.
- Building upon demonstrable strengths in relationship management, to further influence and lead change that supports the plan.

- Enhancing the profile of the PCT, particularly as a commissioner, to complement the existing recognition of provider services.
- Balancing and using a range of levers, from resource allocation decisions, to softer influence and engagement.

Commissioning strategy

This Strategic Plan is our commissioning strategy. Our focus is on ensuring the delivery of:

- Better health and wellbeing for all
- Better care for all
- Better value for all

Our approach will be by using the World Class Commissioning Framework, which the organisation has been working with since we took part in the national pilot, hosted in the North West in late 2007/early 2008. This gave us an insight into the framework and to initiate organisational development to support progression to ‘world class’ commissioning standards.

Our management of this development process will continue to be through the PCT’s Commissioning Board, which replaces the Professional Executive Commissioning Committee in November 2008. The Lead Executive and Lead Managers for each element of the competencies identified following the pilot will continue to develop systems and processes, using the eBMS system for objectives and risk management.

An important element of this development process concerns relationship and business management. We have identified a range
of issues in this regard that we will address through both the Organisational Development Strategy and the Strategic Plan engagement process, particularly with providers. These are addressed in our commissioning delivery plan.

Salford PCT – Place shaper

Sir Michael Lyons defined the concept of place-shaper in his review of Local Government as ‘the creative use of powers and influence to promote the general well-being of a community and its citizens’. (Reference: Lyons Inquiry into Local Government: Place-shaping: a shared ambition, March 2007). This definition is very pertinent in this Strategic Plan, in the context of the needs-led focus of the plans priorities.

Leadership is closely allied to the broader role of ‘place shaper’ and the PCT’s responsibilities are summarised as follows:

- System management, particularly encouraging contestability, supporting innovation and facilitating new approaches amongst providers. The selection of areas for change will need to be evidence based, such as encouraging competition in areas where performance could be improved.
- Close working with partners, such as the Third Sector, and especially Salford City Council, e.g. though the LAA and Comprehensive Area Agreement and guided by JSNA.
- Working closely with communities to reduce health inequalities, ensuring all sections of the public are included and have the opportunity to influence commissioning decisions.
- Working to positively influence health through the broader socio-economic environment for Salford. This will range from lifestyle issues, housing, and regeneration through to new employment opportunities, such as the move of the BBC to Salford.

Direct influence as an employer and through the development of safe environments including healthcare premises, for example the new LIFT developments in collaboration with the City Council.

The reputation and style of Salford PCT has been to encourage open engagement and cooperation with its partners. This is an existing strength that is partly based upon the solid foundation of continuity in both the organisation’s configuration and senior leadership team. This platform will be used to further enhance the role, status and influence of the organisation, as will be required to have the desired impact upon health and wellbeing in Salford.

Healthier Horizons

The delivery of the Healthier Horizons Care Pathway recommendations will be progressed within Salford by aligning the Care Pathway Group (CPG) reports to existing committees that have been mandated to consider the CPG reports, the recommendations and the gaps that must be negotiated to meet best practice standards.

The table in Appendix 3.2 identifies the CPGs and the local groups that have been tasked to carry out the review. Also contained in the table is the initial review of existing local strategies, relative to the CPG reports and recommendations. Additional information on the local approach and use of the direction given by Healthier Horizons is given in Section 4.
**Process**

As mentioned already, the Strategic Plan has been developed by the PCT Board, with input by a range of stakeholders. The work started in March 2008 and has progressed in a linear fashion, collecting more intelligence and opinion along the journey. This is described in Figure 3.3 below:

**Use of technology**

The use of information and computer technology is a critical underpinning factor in delivery of the Strategic Plan. The local health and social care economy have an established working relationship with regard delivery of IT systems both within and outside of the National Programme for IT.

IT is also a key element of the PCT’s Research Strategy with the Salford Integrated Record (SIR) system. In this context, the use of technology and the production of information will be deployed in the following ways:

- **Communication** – for staff, providers, stakeholders and the public, through internal and external web sites and newsletters;
- **Engagement** – for staff, providers and the public, through the provision of information to the public and for on-line surveys, voting and comment;
- **Information** – the production, analysis and presentation of key information to facilitate comprehension, enabling effective decision making and investments;
- **Efficiency and effectiveness** – through the sharing of information to enable clinical effectiveness in provider services and business efficiency across all sectors.

**Public and Patient Engagement**

Public and patient engagement is a well established process for Salford PCT and has been further developed through the process of developing this Strategic Plan. In the context of this plan and the need to raise the bar on engagement to enable us to move towards
world class commissioning standards we plan to further develop our public and patient experience strategy.

We will continue to work with our Patient and Citizen Panel, along with the newly established LINKs (Local Involvement Networks), but we aspire to move towards a more dynamic and constant dialogue with all sections of our population.

To support the development of effective engagement we have reviewed models of best practice from elsewhere. We have produced a local engagement model based on an engagement cycle model originally developed by Croydon Primary Care Trust (see Figure 3.4). This model deploys an engagement cycle which overlays the different stages of the commissioning cycle.

The sharing of this information is critical to ensuring our population is fully engaged and empowered. The recent publication ‘Information, Insight and Interaction’, commissioned by the Department of Health from Dr Foster, describes PCTs as commissioners of information as much as commissioners of services. Engagement will be ‘driven by sophisticated customer insight, underpinned by proper segmentation of local communities’. Engagement will also ‘drive service transformation at every level’. These principles will be inherent in our approach.

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Figure 3.4 Salford e-cycle, adapted from a model developed by Croydon PCT

‘adding life to years and years to life IN Salford’
The model can be divided into three elements, as follows:

<table>
<thead>
<tr>
<th>Elements of the commissioning cycle</th>
<th>Engagement activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Planning</strong></td>
<td>Engaging communities to identify health needs and aspirations</td>
</tr>
<tr>
<td></td>
<td>Refined engagement to accommodate all parts of our diverse population</td>
</tr>
<tr>
<td></td>
<td>Engaging public in decisions about priorities</td>
</tr>
<tr>
<td><strong>Specifying outcomes and procuring services</strong></td>
<td>Engaging patients in service design and improvement</td>
</tr>
<tr>
<td></td>
<td>Patient-centred procurement and contracting</td>
</tr>
<tr>
<td></td>
<td>Agree outcomes with patients and public, raising aspirations</td>
</tr>
<tr>
<td><strong>Managing demand and performance</strong></td>
<td>Capture / use of patient experience data*</td>
</tr>
<tr>
<td></td>
<td>Patient-centred monitoring and performance management</td>
</tr>
<tr>
<td></td>
<td>Provide feedback, results and outcomes</td>
</tr>
</tbody>
</table>

* This links directly with one of the identified priorities

The revised Engagement Strategy will include the following elements:

- Ensuring all segments of the population have equal access and opportunity to contribute. Part of this solution will be the establishment of locality-based assemblies across the City, which will include community groups / communities of interest who are seldom heard, such as Jewish communities, asylum seekers, etc.
- Collaborate with Public Health to increase the scope and range of intelligence of population needs and wants.
- Develop practice based cluster-level commissioning sub-groups for health and social care.
- Direct interaction will the public in a range of setting, varying from public or community meetings, through to shopping areas, schools, workplaces or provider premises.
- The use of technology to collect views and opinions. This will include the use of electronic keypad ‘voting’ or survey units and greater functionality of our newly developed website to enable the public to respond to proposals and questions posed.
- Through verbal, visual and written material, issued either from the PCT or via other routes, e.g. media, radio, website, etc.
- Provide information, through the publication of a prospectus of services to be delivered to every home and to provide guidance of how to get involved.
- Commissioning external support to introduce innovative approaches to our engagement, e.g. theatre companies in school, sport activities, etc.
Explore potential partners in the field of public engagement to maximise the response to our investments.

We will also be working with our providers to ensure that we have access to their own patient engagement information and local surveys, to develop our intelligence of patient and user experiences of the services we commission.

**Workforce Infrastructure**

Salford PCT recognises the importance of the workforce in relation to the delivery of its pledges and organisational objectives. Currently, Salford PCT employs 1,275 staff (excluding bank staff) across commissioning (225 staff) and provider services (1,050 staff), working from 24 sites. The table below (Figure 3.4) clarifies the numbers of staff by occupational group.

An important objective for the Trust is to employ local Salford residents. At present 51.99 per cent of employees are residents of Salford. In addition, 5.05 per cent of the PCT’s workforce is from a Black and Ethnic Minority community. With the establishment of the Single Equality Scheme we will promote and monitor employment by equality target groups.

A Workforce Strategy has been developed to ensure that careful consideration has been given to the workforce implications of the PCT’s Strategic Plan and overall direction, including the following areas:

- National Policy i.e. Our Health Our Care Our Say (January 2006)
- Local Strategies i.e. Salford City Strategy (Local Area Agreement)
- Workforce Implications
- Levers to enable change

The challenge for the PCT will be to address workforce implications and ensure that we have the right staff with the right skills, be it commissioning or providing services. One of the vital factors in addressing this challenge is for the PCT to have advanced human resource practices and capability. The vision of the PCT’s Human Resources function is to provide a ‘World Class Human Resources Service’ and support the development of advanced human resources practices and competence. The Institute for Employment Studies has developed a model of World Class HR Practice for NHS Trusts.

The key factors of the model are as follows:

- Get the basics right
- Support people management
- Achieves desired results for the business
- Has a compelling employee proposition
- Align and integrate with the business
- Proactively leads the people agenda
- Creates value, innovates and demonstrates impact.

Each of the factors has descriptors to clarify key aspect of what the PCT should be doing to achieve World Class HR Practice. The Human Resources department will use the model of World Class HR Practice to align existing objectives and to develop further targets. The Trust’s Human Resources Sub Committee receives regular reports and manages performance management targets. It
also considers significant Human Resources issues including the development of the Staff Survey.

Figure 3.5 Staff by Occupational Group as at September 2008

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>No. of contracted commissioning related staff</th>
<th>No. of contracted provider staff</th>
<th>No. of Corporate Services (including Hosted Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Dental</td>
<td>7</td>
<td>47</td>
<td>5</td>
</tr>
<tr>
<td>Senior Managers and Managers</td>
<td>34</td>
<td>19</td>
<td>80</td>
</tr>
<tr>
<td>Administrative and Estates</td>
<td>52</td>
<td>155</td>
<td>159</td>
</tr>
<tr>
<td>Health Care Assistants and other support staff</td>
<td>85</td>
<td>246</td>
<td>19</td>
</tr>
<tr>
<td>Nursing and Health Visiting</td>
<td>36</td>
<td>299</td>
<td>23</td>
</tr>
<tr>
<td>Scientific and Technical</td>
<td>8</td>
<td>283</td>
<td>8</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Sub-total</td>
<td>225</td>
<td>1050</td>
<td>305</td>
</tr>
<tr>
<td>Grand total</td>
<td></td>
<td>1580</td>
<td></td>
</tr>
</tbody>
</table>

Organisational Development

Achievement of the objectives described in this Strategic Plan will require the delivery of the PCT’s Organisational Development Strategy. This includes the need to become self-improving through pursuit of our strategy and the creation of a culture of empowerment amongst front line staff and managers. Achieving this supportive culture within Salford PCT will be progressed through a series of planned management actions, but will really emerge through leadership, the delivery of consistent behaviours and being true to NHS values, both those described nationally and those identified by staff.

In support of World Class Commissioning (WCC) competencies and the development of an arms-length provider organisation, work is being undertaken to produce an organisational development plan.

In parallel, the PCT’s Provider Services have commenced OD work to support the development of the autonomous arm of the organisation. Both projects will be supported and whilst it is clear that they will identify differing developmental needs there is also an understanding that where there is commonality in action planning, which can be planned together.

An interim position statement has been issued for the purpose of the November 2008 World Class Commissioning Assurance process and a full Organisational development Strategy and Plan will be issued early in 2009.
Finance Strategy

Over the last three years Salford Primary Care Trust has implemented a Best Value approach to reviewing the services that it both commissions and provides. This has identified over £4m of recurrent savings to date and it is intended to review more services to ensure that the care pathway is designed to ensure that value for money is being achieved from the resources available to the PCT. The key areas of savings have been from prescribing and secondary care, though not all schemes are aimed at making savings but are about ensuring effective and efficient services are commissioned. This approach has had the support of clinicians from both primary and secondary care.

By continuing to generate value for money from current services, it is planned to invest almost £15m on a recurrent basis in initiatives aimed at improving the long-term health of the population of Salford. This should in turn lead to additional savings that can be reinvested in further initiatives, though it is also recognised that by reducing inequalities and enabling people to live longer there will be a greater need for other services in the future. Because of this, it is planned to invest more money in continuing care services over the period of this strategic plan to meet both current and future needs.

The PCT has recently published an Estates Strategy that links in with the Primary Care Commissioning Strategy. The investments contained in these two earlier documents have been incorporated into the Financial Plan, which supports this Strategic Plan. New buildings have been commissioned utilising the LIFT initiative and other third party procurements. Investment of over £8m to fund the revenue consequences of these new buildings is planned between April 2009 and March 2013.

It is recognised within the plan that due to advances in medical techniques and technological advances additional funding will be required for investment in specialist services and additional funding has been identified each year to cover the cost of these developments.

To ensure that all of the above is achievable the PCT will need to invest more resources in the development of the organisation so that the appropriate level of staffing and knowledge and skills are available to support the commissioning agenda.

The PCT is reliant on Practice Based Commissioners investing their 70% share of savings achieved through Best Value to help deliver this Strategic Plan. It is appreciated that there are significant financial risks in delivering this ambitious plan and to help mitigate this a contingency of over £2m has been established. The Financial Plan covering the next five years provides for a recurrent surplus of £1m to be made each year whilst funding all of the above developments. This surplus will also act as a contingency for unexpected policy announcements from the Department of Health and associated clinical pressures. This is reliant on the continuation of the Best Value approach and is based on the assumptions set out by the Strategic Health Authority. The SHA guidance was not to include the potential financial impact of implementing the International Financial Reporting Standards from 2009/10, however this is a major financial risk and the plan will be required to be modified when the final impact is known.
Teaching and Research

Salford seeks to become a centre of excellence in primary and community health research. By generating and applying the best possible science for improving public health and patient care, Salford will set itself apart from most other health economies in the UK. Within the Research and Development Directorate, recently developed with Salford Royal Foundation Trust, Salford now hosts the Greater Manchester Primary Care Research Governance Partnership (ReGroup), a partnership between the Greater Manchester PCTs. As a result, there is now a single system to gain research governance approval for primary care researchers in Greater Manchester.

An integrated office for research and development between the two organisations has a shared management committee representing both Primary Care and hospital Trusts. A joint appointment with the University of Manchester and hospital has been established for a Professor of Health Sciences and Epidemiology (Professor Sarah O’Brien). The post is also the Research and Development (R&D) Director for the joint R&D Department, reflecting the importance that placed on Research and Development by the organisations.

Integrated R&D functions enable significant pooling of resources, particularly around clinical trials, biological repository expertise and access to the valuable resource of patients. Being able to provide GPs with access to expertise in clinical trials will enhance the PCT's position among its contemporaries and secure its position as a centre of excellence for improving public health and patient care. Our capacity for training and sharing of knowledge and skills and infrastructure across the PCT will increase thereby improving staff development and influencing recruitment of more high quality research staff. This will, in turn expand the portfolio of research expertise available to the Salford health economy.

This joint working has enabled partner organisations to secure current income from the NHS R&D levy, as the continuance of the function is reliant on winning competitive bids for funding. A critical aspect of this is to present Salford as highly credible research partner and to ensure that research is undertaken efficiently and safely in a world class environment. The high degree of joint working and planning is one of our key strengths in this new competitive R&D market.

Further benefits of the pan-Salford R&D Department is the potential to more effectively align the research strategy with the overall vision for World Class Commissioning. The strategy will envisage a market expansion in our ability to deliver a whole population based research portfolio underpinned by strong links to academic institutions with basic biological research. Recent examples of this were:

- Salford’s success in securing £10M from the National Institute of Health Research (NIHR) along with matched funding from the 10 Greater Manchester Primary Care Trusts to establish a Collaboration for Leadership in Applied Health Research Centre (CLAHRC) to implement applied health research techniques in vascular diseases ranging from cardiovascular, diabetes, chronic renal disease and stroke. This demonstrates Salford’s ability to conduct high quality population based research.
- Salford is integral to the North West E-labs initiative which has received significant funding (ca £5M) from the Northwest Development Agency to enhance the health and
wealth of not only Salford inhabitants but also those within the region.

Making R&D core business in the organisation will ensure it is at the heart of all commissioning and providing decisions as evidence based research informs implementation of new ways of working or treatments based on a robust, scientifically valid assessments of techniques and treatments.

In addition, Salford Teaching PCT is a foundation member of a federation of seven Greater Manchester organisations that make the Manchester Academic Health Science Centre (Manchester AHSC). Involvement in this partnership presents the PCT with a unique opportunity to become one of the lead research-active Primary Care Trusts in the country. The significant grant income we have secured in recent months is already creating a national profile for the organisation in relation to research activities.

Becoming a founder member of this partnership will create the opportunity for us to host national and world leading research within Salford, as well as influencing a broader programme of research priorities to be pursued within Greater Manchester. This would be a major opportunity to demonstrate how Salford PCT is fulfilling its potential to become a World Class Commissioner in this area.

Conclusions
In this section we have described the strategy that has been developed to ensure delivery of the health outcomes in the priority areas identified in Section 1. We have also described the list of initiatives, which will be refined to a short list to inform the delivery plan.

We have also described broader elements of our strategy to enhance our organisation role of leader and place shaper; our engagement strategy and approach to World Class Commissioning; and the further development of our Research and Development role.

The following section will describe the delivery of the strategy.

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Section 4 – Delivering the Vision

Purpose of this section: Section 4 describes how the Strategic Plan and associated objectives will be delivered. The enablers to support the achievement of objectives are reviewed, followed by a summary of past delivery performance.

The Strategic Plan is ambitious and the whole delivery approach has been informed by recommendations in the assessment of Salford PCT as part of the 2008 World Class Commissioning assurance, as follows:

- To further develop engagement with our public and patients.
- For the PCT to enhance its provider market management processes through integration of patient feedback and development of its analytical capabilities.
- For the Board to encourage the organisation to take risks and promote creativity and innovation.
- Encourages the PCT to maintain and develop the good relationships which exist between the PCT and clinicians across settings of care.
- For the PCT to further develop its understanding of provider economics, market analysis and needs assessment.

The Board of Salford PCT believes that the priorities in the Strategic Plan and the approach to their delivery provide a robust response to these recommendations and is fully committed to ensuring the achievement of its vision and objectives. The section below outlines how the Plan will be progressed.

Delivering the organisational priorities

The organisational priorities identified in Section 1 of the Strategic Plan will provide the focus for the organisation over the next 3-5 years. In accordance with national guidance, the Strategic Plan will be refreshed annually and re-written in 3 years.

The agreed Strategic Objectives will form part of our annual Operating Plan development process. This gives them prominence within the organisation and provides the basis for the development of directorate-level objectives, which are consistent with the Strategic Plan. The priority outcome areas will inform our LDP/PIR process, as the key strategic criteria against which investments will be considered. All initiatives will be subject to Business Case development and assessment prior to progressing.

Delivery Plan

During 2008/9 Salford PCT has been developing its structures, capacity and governance arrangements to accommodate a new working environment, the key features of which are as follows:

- Revision of organisational governance arrangements to reflect the separation of the PCT’s commissioning functions from provider services;
Increasing capacity within commissioning and alignment of other corporate functions, such as Public Health and Finance, with the Strategic Commissioning Directorate;

- Enhancing the commissioning skills-base to meet World Class Commissioning standards.

These actions have led to the establishment of a strengthened structure, which includes a number of new posts, which carry specific responsibility for delivering the Strategic Plan objectives. Examples include senior finance posts that are responsible for supporting Strategic Commissioning and Public Health; Commissioning posts responsible for commissioning Public Health initiatives; and posts responsible for delivery of the Strategic Plan and World Class Commissioning competencies. These changes, and the Strategic Plan development process, have created an organisation that is prepared and enabled to take forward a longer-term strategy.

**World Class Commissioning**

The PCT continues to refine commissioning practices and standards to meet the world class competencies described by the Department of Health. Our first formal assessment took place in November 2008 when the Assurance Panel confirmed our scores against the competencies. We have designated Executive and Lead Managers allocated to the competencies. From the feedback obtained at assurance we have developed action plans to ensure progression towards level 4 in all competency areas.

The PCT’s Commissioning Board is the Assurance Committee responsible to the PCT Board for overseeing delivery of the competencies.

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**Frameworks to support delivery**

The delivery of the Strategic Plan will be supported by a range of frameworks, including the vision for the future of health and healthcare in the North West set out in Healthier Horizons. In particular, the seven strategic enablers are especially relevant when considering the way in which the Strategic Plan will be delivered. These are set out below with brief comment on the local context and implications for the PCT.

- **Getting beyond service reconfiguration** – the local impact of reconfiguration has been significant, especially in women and children’s services. The three key tests (the opportunity to use tariff top-ups / measurement of clinical outcomes / potential use of technology) will be used to inform commissioning decisions that considers more about the intended outcomes alongside the means of delivery.

- **Raising our game on safety, quality, governance: becoming world class** – the PCT is a pilot site for Advancing Quality as reflects the growing emphasis on patient outcomes and experience to complement rapid advances in access and growth in service ‘outputs’. The learning from this initiative, in which Salford Royal NHS FT is also involved, will inform further progress on demonstrating improved outcomes and experiences for patients.

- **Strengthening leadership and strategic capacity** – the response to the results of the World Class Commissioning pilot demonstrates the PCT’s action to enhance its role as a place shaper and leveraging the power of commissioning to improve health for the people of Salford.

- **Listening, understanding and tailoring what we offer** – the PCT’s approach to developing this plan illustrates its commitment to extensive engagement. However, the need...
to more actively engage the wider population in improving health and preventing illness remains one of our greatest local challenges.

- **Being innovative** – the PCT has cited strong examples of local initiatives, such as developments now being delivered as part of the Salford Health Investment for Tomorrow (SHIFT) programme. As for all commissioning within the NHS, a balance has to be reached between ensuring continuity and delivery of core targets, with enabling new ways of working and delivering care. Feedback from engagement during the Strategic Planning process has revealed a healthy appetite amongst partners to innovate. This will require an environment that enables informed risk taking, as was highlighted in the World Class Commissioning pilot feedback.

- **Partnerships with meaning** – feedback as part of the World Class Commissioning pilot and engagement with partners and providers provides evidence for the strengths of relationship management at the PCT. This must be maintained and improved to provide the foundation for increasingly difficult and transparent decisions on resource allocation and particularly priority setting. This links to the World Class Commissioning feedback on ensuring the PCT challenges as well as supports its partners.

- **Managing the system in the interests of the people** – the role of the PCT in supporting a vibrant health economy that combines competition and cooperation is one of the major challenges and has shaped many of the actions described in the Strategic Plan. Opportunities exist to more critically and constructively challenge current practice and improve performance in all sectors in the NHS.

Beyond these overarching enablers, the detailed pathway recommendations for each Care Pathway Group within Healthier Horizons have been aligned to the relevant local partnership board (as set out in Section 3). The framework of seven strategic enablers has been adopted by Salford PCT and with it the PACE model: Personalised, Advanced, Care and Environment. PACE brings together key themes that emerged from the work of the CPGs and addresses issues raised by stakeholders in events, which preceded Healthier Horizons.

**Responsibilities and timetable**

Delivery of the Strategic Plan will be monitored by the PCT’s Board and executed through the Commissioning Board, which is specified within the revised governance framework. Delivery will be managed through the Best Value Board and progressed using programme and project management techniques already established within the organisation. At an Executive level, the lead for implementing the Plan will be Alan Campbell, the Director of Strategic Commissioning.

A high-level project plan has been developed which corresponds to the Financial Plan associated with this Strategic Plan. The project plan covers the five-year period of the Strategic Plan and identifies key actions and monitoring activities.

The scope of the plan, which can be found at Appendix 4.1 includes:

- The timing of the initiatives, including principle milestones;
- Allocation of responsibilities for the initiative delivery;
- High-level actions required to refine the content and commissioning of the initiatives;
- Development of a revised Engagement Strategy;
World Class Commissioning competency development management.

In-year monitoring will be managed as part of the project plan and in parallel with the PCT’s annual Operational Plan. A programme management approach has been adopted and will build upon the PCT’s experience of delivering the Best Value programme and SHIFT.

Benefit Realisation

The framework for monitoring benefit realisation will specifically link to the public perspective. Led by the governance structure set out above, the method for doing so and asking ‘how will you know we are succeeding?’ will be based upon the Ten Touchstone Tests from Healthier Horizons:

1. I will be more involved in decisions made by the NHS.
2. I will be receiving better customer care and an improved patient experience.
3. I will be receiving higher quality clinical care.
4. I will be living a healthier lifestyle.
5. My family will have a better opportunity to live a longer and healthier life.
6. I will be receiving more personalised care.
7. I will be receiving more integrated seamless care, when I need to get help from more than one organisation.
8. I will be able to receive more of my care closer to my home.
9. I will be receiving the best technologies as part of my care.
10. My NHS will be maintaining a healthy financial position.

Benefit Realisation plans will also include outcomes and outcome monitoring over the period of the plan. The outcomes will include assessment of the impact of the initiatives on providers and provider activity plans. The outcome of these assessments will be fed into provider discussions and contract negotiations.

Risk and risk mitigation

Risk associated with delivery of the initiatives will be managed via the PCT’s eBMS. This is an established system used to record, manage and monitor all organisational objectives and risks. An analysis of risk associated with the initiatives has been undertaken and is provided in Appendix 4.2. This table shows the anticipated risks, which will continue to be refined as part of the project management methodology to be applied at implementation.

A key issue for the delivery of the Strategic Plan is consider the impact upon providers, through whom the people of Salford directly receive NHS care and this is reviewed in the following section.

Implications for Providers

The next five years will see continuing changes to the local provider landscape. As pathways of care are reviewed and improved, it is anticipated that the general shift will be towards enhanced roles in primary care for diagnosis and treatment, and in promoting / supporting healthy lifestyles. The following provides an overview of the potential and anticipated changes for providers over the next 5 years.

Patients will also be supported to manage better their own conditions. We will continue to see a greater emphasis on care outside of hospitals. These implications are being clearly and
transparently discussed with local providers, so that all parties can develop their long-term plans accordingly.

Salford will continue to develop plurality of provision and patient choice. For secondary care services, the PCT will ensure that patients and referrers are aware of the choices they have and how to access new services, utilising the national choose and book system wherever possible.

From February 2009, new Clinical Assessment and Treatment Services (CATS) provided by Care UK were made available for five large specialties. This has provided patients with an option for receiving their assessment and diagnosis outside of hospital and freeing up acute capacity for surgery, complex and urgent treatment. Increased direct access diagnostics for GPs will also reduce demand upon hospital capacity.

Over the coming years the PCT will significantly reduce inappropriate non elective admissions to hospitals by improving support within the community for individuals with long term conditions and by developing its rapid response and intermediate care services.

With all this in mind and other assumptions impacting upon demand and capacity, the joint PCT and Salford Royal Foundation Trust’s long term plan assumes a relative reduction in beds, associated with improved efficiency and the accommodation of children’s services as part of the Making it Better solution.

The Government has recently stated that PCT Strategic Plans should offer a clear signal to providers as to where to invest surpluses amassed by Foundation Trusts. In this context we will work with local Foundation Trust providers to ensure surpluses are used in the achievement of the Strategic Plan priority outcome areas and improving the patient experience. It is expected that the use of surpluses achieved through NHS income are with the prior agreement of the PCT.

The PCT is increasing investment in specialist palliative care services, particularly those outside of hospital with the aim of supporting the wish of the majority of patients on an end-of-life pathway to die at home. This will impact upon the provider landscape, including greater specialist palliative care capacity in hospices and community services.

As part of our redesign work, in collaboration with practice based commissioners, some community-based services are or will be under review. As a result, it is likely that some services will be subject to a tendering process in the future. This is expected to lead to a growth in the number and type of organisations providing community services in Salford.

In addition, we anticipate that some PCT provider organisations may collaborative in providing some more specialist or low volume community services, leading to fewer providers covering larger catchment areas.

The next five years will see the development of enhanced primary care services, supporting greater integration of primary and community services for local populations. The PCT wishes to harness the significant potential of primary care services to promote and improve lifestyles, health and well-being. This is reflected in the present negotiation of a revised PMS contract that will have a greater focus towards improving health and wellbeing.

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In addition, the PCT has recognised the need to increase the number of GPs serving the population and is progressing this through the Equitable Access programme.

The PCT has taken a pro-active approach to increasing the diversity of GP providers by establishing its former PCT Managed GP practices as a new social enterprise organisation, Salford Health Matters (SHM). As a Community Interest Company, SHM will develop its work in improving the health of the population and will reinvest any surplus back into the community.

The PCT is working with dental practices to improve access and to improve the oral health of people in Salford. This is especially focused on children and by ‘buddying’ practices with children’s centres the PCT expects to ensure that children's oral health inequalities reduce significantly. The PCT is also piloting a new service model for dentistry that will see improved access for patients, whilst also making better use of other professions in the dental practice.

The PCT also expects to see greater use of pharmacies and optometrists, for example through a range of extended optometry services including glaucoma refinement and low vision aids, or through advanced pharmacy services such as minor ailments.

Third sector providers will continue to play an important role in Salford, complimenting statutory services, particularly to engage local communities to take action to improve health and improve lifestyles.

Salford’s IAPT (‘Improving Access to Psychological Therapies’) strategy will see a significant growth in the provision of evidence-based psychological therapy services. This is part of a national programme led by department of health. GM West Mental Health Trust and Salford PCT’s provider arm will deliver services. This will reduce pressure on GPs and mental health services, and will have a significant impact upon the wellbeing of the Salford population.

Working with stakeholders

Partnership working

Partnership working will continue to be a strong focus in delivery of the Strategic Plan. In addition to existing partnership arrangements already described Salford PCT is embarking on a new responsibility and shared approach with Salford City Council: the development of a Health and Wellbeing Strategy.

This is in the early stages of development and is expected to be concluded in mid to late 2009. It has been determined that the Health and Wellbeing Strategy will be progressed alongside the Local Area Agreement to create a real focus on the links across health and wellbeing for the population of Salford. It will be directed through a Health and Wellbeing Board, with an associated Programme Delivery Team. Feeding into the Board are some pre-existing entities such as the Multi-agency Flu Pandemic group, Tobacco Control Partnership, the Work and Health Governance Group and Prison Partnership Board. The outcome areas identified in the Strategic Plan will be introduced into the Health and Wellbeing Strategy as it develops.

The approach to partnership working during the development of this Strategic Plan has used scenario planning as a means to ensure
that all consider the potential impact of strategic direction at an individual, patient level, as set out below.

**The Six Patient Scenarios**

Scenario planning is helpful in testing the robustness of plans and ensuring a wide range of views and future possible outcomes are considered. At the most strategic level, it has been used across NHS North West through the ‘What if?’ approach and the testing out of four future healthcare and wellbeing ‘worlds’. Informed by this and other work, Salford PCT has used more ‘micro’ level patient examples complementing the ‘macro’ level four ‘What If’ scenarios. This proved extremely helpful in stimulating debate and discussion as part of the wide-ranging engagement and communication exercise as outlined in Section 2. The following summarises the approach taken and overriding messages from engagement using the Six Patient Scenarios. Further, more detailed information on the scenarios and their use at engagement workshops is provided in Appendix 4.3.

Use of illustrative examples of individual patient circumstances was identified early in the strategic planning process as a route to engage stakeholders on the future of health and wellbeing for the local population. Six examples were developed covering a range of health conditions, circumstances and issues to be addressed. These are provided in Figure 4.1.

The approach taken to use these patient examples throughout the external engagement process is summarised as follows:

- **Informing the future vision for health and healthcare** – at each of the first three workshops (with co-commissioners, staff, public and voluntary sector) the examples were introduced and stakeholders asked to clarify current practice and propose the vision for 10 years time. The perspective taken was that of defining the preferred circumstances in the future. This allowed for consideration of prevention and health promotion as well as the nature of health service intervention. Appendix 4.4 outlines the themes that emerged from this discussion.

- **Identifying the opportunities and challenges for the NHS** – Through the workshop with providers, their views were sought on both the vision for 10 years time but, most importantly, the opportunities and challenges that these provided for providers.

- **Analysis and implications** – through the whole process, the implications for commissioning were considered and the analysis of all three elements used to inform this strategic plan.

Common themes emerged in each the three areas: the vision for health and wellbeing in 10 years time; opportunities and challenges for providers; implications for the PCT.

**Health and Wellbeing in 10 years:**

- Services will need to be more integrated and personalised
- New technologies will radically alter the way patients and their carers respond to health needs and services are provided
- A broader range of providers and staff will be involved, moving away from hospital-based and medically dominated models of care
- Patients will be more likely to exert choice, such as receiving care closer to home and increasingly outside traditional hours
### Figure 4.1: Key messages drawn from the patient scenarios

<table>
<thead>
<tr>
<th>Example</th>
<th>Issues / Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Unwell Child: 30 month old girl with fever, cough and vomiting</td>
<td>Risk management and possibility of meningitis. Awareness and education of parents and decisions on access to healthcare.</td>
</tr>
<tr>
<td>2 Mental Health: 85 year old woman confused and forgetful, reliant on carer</td>
<td>Nature and setting of assessment and treatment. Maintaining independence and sustainability of carer’s support.</td>
</tr>
<tr>
<td>3 Coronary Heart Disease: 57 year old man develops chest pain, emergency admission to hospital</td>
<td>Prediction and prevention of CHD. Speed and nature of initial assessment and treatment, plus ongoing support.</td>
</tr>
<tr>
<td>4 Diabetes: 45 year old woman feeling tired with increased frequency of urination</td>
<td>Initial assessment and support from GP. Access to specialist care and MDT. Screening and prevention.</td>
</tr>
<tr>
<td>5 Health and Wellbeing: 46 year old overweight smoker, unemployed and inactive</td>
<td>Extent of contact with NHS. Healthy choices, attitudes on responsibility for own health. Identification of risks.</td>
</tr>
<tr>
<td>6 End-of-life Care: Inoperable prostate cancer, reliant on daughter for care</td>
<td>Location of care and expression of choice at end of life. Assessment and support for health and social care.</td>
</tr>
</tbody>
</table>

- Greater emphasis on self-reliance and self-management – a person’s responsibility for their own health and wellbeing
- A desire to catch illness earlier, or even prevent onset
- Potential for improvements in screening and early identification of people at risk of health conditions.

**Implications and challenges for the commissioner:**
- Challenge of joining up providers, gaining knowledge on respective offerings and commissioning for outputs rather than defining inputs
- Identifying how to reduce health inequalities, reaching the right people, including equality target groups, and having evidence on what works (screening, assessment and intervention)
- Informing an ongoing debate on the balance between rights and responsibilities for individuals and institutions (in health and social care)
- Potential for commissioning to influence as well as fund (i.e. it is not only about resource allocation)
- The challenge of community breakdown and its implications on health and social care, and inequities in the population (economic, educational, health and social indicators)

**Opportunities and Challenges for Providers:**
- Balancing competition and cooperation amongst providers
- The potential for brokering services across organisations, such as a menu-based service offering, with the focus upon an individual’s needs, which would require a specialist broker to host information and knowledge to enable liaison and integration
New models will require more integrated care, developing pathways which provide appropriate general and specialist services regardless of settings

Potential to improve links between providers of clinical care and those offering non-clinical services

New ways of signposting resources and services, especially outside medical settings

All of these elements have been used, along with other sources such as internal analyses of PESTELI and SWOT and evidence on health status of the local population, to inform the objectives, outcomes and initiatives in this Strategic Plan.

Organisational enablers

The delivery of the Strategic Plan and organisational priorities set out above will be partly dependent upon supporting enabling strategies as set out in the following section. The main elements of these are organisational development, information and computer technology, and human resources.

Organisational development

The Organisation Development Strategy and Plan will be published in the early part of 2009. This work commenced with consultancy support from an external Organisational Development (OD) expert. This involved a diagnostic phase, identifying areas of development need and establishing an OD vision for the organisation, as follows:

Salford PCT Organisational Development Vision:

In shaping our organisation, we will all put the health of Salford people first. All staff will be supported to fulfil our ambition to help people have healthy lives. We will do this by encouraging and recognising talent, valuing involvement, and by celebrating our achievements with pride.

A range of development activities either have or will be undertaken as part of a broader training and development plan to be incorporated in the final OD action plan including the following:

- A programme of Board development activity provided by Manchester Business School has been initiated. The PCT Board Development diagnostic tool that has recently been used to assess need will support this work.
- A series of focus groups and road shows is planned to provide an opportunity for staff to become involved in shaping the character of the organisation for the future to improve engagement and develop of values for the organisation.
- A first cohort of senior managers will soon complete a series of modules intended to improve competency in leadership, management and business skills. This programme has been developed in partnership with Salford Business School with input from Executive Directors and Senior Managers to ensure that academic theory is contextualised to address current local and national priorities.
- To specifically support the development of commissioning competencies to meet the challenges of World Class
Commissioning, Salford PCT has supported the recruitment of ten staff members from a range of commissioning functions to an Advanced Commissioning Course accredited by the University of Teeside. This is a national programme delivered over an 18-month period. The course will provide a practical skills-based approach to learning, enabling participants to apply their learning to real life projects and activities.

- A range of managerial Bands 6 and 7 staff are undertaking the “Key Leadership and Management Skills” Course accredited by the University of Bolton.

- Leadership development for staff at Bands 5 and 6 is scheduled for the end of the financial year through the delivery of the “Leading an Empowered Organisation” and “Leadership at the Point of Care” dependent upon the individual’s Knowledge and Skills Framework (KSF) post-outline and personal development plan.

- A metric to assess the impact of organisational development on staff perception of, and satisfaction with, the organisation has been deployed. “Taking the Temperature” was an online survey emailed to all staff at fixed intervals that will use five consistent questions and one open-ended question to monitor the impact resulting from organisational development activities.

Information and Computer Technology

The Greater Manchester Information and Computer Technology Board issued a statement (see Appendix 4.5) which confirms the commitment of the Board to deliver a comprehensive and integrated electronic patient record by 2014.

Work will continue on the analysis and interpretation of demographic information and health indicators through the JSNA and through the Salford Observatory, which is a Salford City Council initiative in which Salford PCT is collaborating. This will bring together a wealth of data available across the various departments of the City Council with other public services, including health, fire and police. The Salford Observatory will be established in 2009 and provide a comprehensive set of data not previously accessible. The City Council has also commissioned Dr Foster to a series of data sets for Salford City Council as part of the JSNA. The following analytical reports will be provided:

- Supplementary analysis of health inequalities, identifying:
  - the wards with the highest rates of years of life lost
  - Mosaic categories with high rates of years of life lost
  - The inequalities gap between the deprivation quintiles within Salford
  - Other principle causes of years of life lost in addition to those identified in the report (cardiovascular disease and lung cancer).
  - Variation in the causes of years of life lost by deprivation quintile
  - The needs of equality target groups.

- Supplementary population based forecasts which will include:
  - Current forecasts for the growth of population by age band
  - A range of forecasts for the change in population of Salford and estimates of how this will impact demand for services

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Supplementary forecasts that take into account the potential impact of health interventions. The nature of these forecasts to be specified and agreed with SCC.

Mental health and worklessness analysis identifying priority wards based on high rates of rates of Incapacity benefit claims, emergency mental health admissions and clients of mental health social care services.

**Human Resources**

The staff of Salford PCT are critical to our continued success to fulfil our ambition for health and healthcare in Salford. It is essential that we provide staff with a working environment where they can prosper in their role. We need to be an attractive employer and find ways of engaging, developing and retaining current staff. The Human Resources function will provide effective frameworks and policies for recruiting, developing and retaining staff in an encouraging, fair and supportive working environment.

Key themes that the Human Resources function will take forward are:

- Recruitment & Retention
- Organisational Development
- Leadership
- Workplace Well-being
- Employee Relations
- Staff Engagement and Involvement
- Performance Management
- Efficiency, Excellence and Innovation
- Workforce Information

Each of the themes will have a number of outcomes that the Human Resources function will plan to achieve on a long-term basis to embed these values and initiatives firmly into the organisation. The Human Resources function will work closely with the Organisational Development Lead to assist in the effective deployment of some of these objectives.

These themes will incorporate and take on board the key messages from High Quality Care For All – NHS Next Stage Review Final Report (2008). In this report, Lord Darzi places a great emphasis on high quality care and the role staff play in achieving a world class NHS service. In return, the report promises that the NHS Constitution will make four pledges to staff which are based on:

- having a well designed job,
- opportunity for personal development,
- opportunity to keep healthy and safe
- staff engagement.

The above provides an overview of the long term plans of the Human Resources function, the achievement of which will enhance the PCT’s reputation as an employer of choice in Salford and of excellent health services.

**Evidence of Past Delivery Performance**

Delivering the desirable health improvements that the population of Salford deserve will be challenging and the PCT has developed an implementation plan for the Strategic Plan. The approach has been informed by previous past performance, as set out below.

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Evidence of past delivery performance

Salford PCT has a good history and reputation for effective delivery. As an established organisation we have experience over recent years of effective performance management and project / programme delivery.

Three examples demonstrate the scope of our experience and success. These are the Best Value Programme; the transformation in Genitourinary Medicine services; and Salford’s Health Investment For Tomorrow (SHIFT) Programme.

The following table (Figure 4.2) provides a summary of these initiatives:

Conclusions

The Delivery Section has set out the overall approach to progressing the Strategic Plan, with the focus on improving the prioritised outcome areas, through the short-listed initiatives.

In keeping with our organisational culture, there will be a strong programme and project management focus to our delivery. The management of risk associated with delivery will be managed, with the objectives, through the organisation’s eBMS and broader governance arrangements.

Strategic enablers were described, along with previous experience in managing and delivering significant change in local NHS services, through the power of effective commissioning.

Our commitment to ensure genuine improvement is delivery from this process and to meet World Class Commissioning standards will effective support delivery.
### Figure 4.2: Evidence of past delivery performance

<table>
<thead>
<tr>
<th>Evidence of past delivery performance</th>
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<tbody>
<tr>
<td><strong>Scope</strong></td>
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<tr>
<td><strong>Delivery Method</strong></td>
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<tr>
<td><strong>Outcomes</strong></td>
</tr>
</tbody>
</table>
| **Best Value Programme**  
(see Appendix 4.6 for more information)  
The scope of the plan covers the Trust’s commissioned activity, targeting those areas where performance lies outside national and regional averages or where internal efficiency and productivity improvements can be made.  
Project management methodology, supported by a rigorous governance and performance management framework.  
2007/08 recurrent financial savings of £2.9m through 31 workstreams.  
2008/09 initial recurrent savings target of £4.6m through 34 workstreams | |
| **Genitourinary Medicine services**  
(see Appendix 4.7 for further information)  
To improve the sexual health of the population of Salford as a whole.  
To narrow sexual health inequalities.  
Project Management | In 2005/6 our performance against the percentage of patients offered appointment within 48 hours (Commissioned services) was 66.73% and in the current year is 99.55% (June ’08) with a year end projection of 98.64%.  
The PCT provider arm performance against the same target has gone from 43.61% in 2005/6 to 99.47% (June ’08) with a predicted year end position of 99.47%. |
| **Salford’s Health Investment For Tomorrow Programme**  
(see www.shiftprogramme.co.uk for further information)  
The SHIFT Programme consists of five distinct, but related projects. These were:  
• Service Change Management and Delivery  
• Hope Hospital PFI (Private Finance Initiative)  
• LIFT (Local Improvement Finance Trust) Health and Social Care Centre developments  
• Workforce and Education  
• Information Management and Technology  
The programme was owned by a partnership of the following organisations:  
• Salford Primary Care Trust  
• Salford Royal Foundation Trust  
• Salford City Council  
• Salford University  
• Manchester University  
Project and Programme Management  
Change management | Delivery of whole systems service models, which included the movement of services out of secondary care into community settings.  
Delivery of an agreed capacity to size both the LIFT centres and the hospital redevelopment at Salford Royal Foundation Trust.  
Delivery the innovatively designed LIFT Centres, which are totally integrated with Salford City Council services.  
Development and support for staff affected by the structural and service changes.  
Direct links to the roll-out and integration of information technology. |

‘adding life to years and years to life IN Salford’
Section 5 – Board Approval

Overview of process

The Trust Board has been closely involved with the development of the strategic plan, as have its supporting management structures, particularly the Executive Team and the Strategic Plan Project Board, which has been chaired by the Chief Executive.

Progress on the development of the plan has been reported to the Board at each of its meetings since April 2008 and specific Board events were held to inform the development of both SWOT and PESTELI analyses. Board members have also been involved in other aspects of the process, in particular leading internal and external engagement events.

The development of the plan has been an immensely positive process in challenging the organisation to review and refresh its vision, aims and objectives. It has provided, for the first time, a broad strategic mechanism that integrates a plethora of policies, strategies and drivers and will strongly influence how we commission for the people of Salford. These have ranged from national and regional direction, such as the Next Stage Review, to local feedback from patients and professionals on the priorities for health improvement and how improved outcomes should be delivered.

Overall themes and priorities

Our vision is that the people of Salford will live longer, healthier lives, supported by a world class health system. The aims, objectives and specific initiatives designed to deliver better health are closely aligned to wider NHS themes including:

- Raising the standards of NHS services with a focus on outcomes, quality, safety and providing personalised services to meet diverse needs and tackle inequalities
- Shifting the emphasis towards prevention and the promotion of health and wellbeing
- Developing new approaches to deliver the vision, including more evidence based commissioning, supporting greater integration in the provision of care and engaging afresh with patients, the public, staff and partners.

Conclusion

The strategic plan provides a new direction for the future commissioning of services and shaping of the health economy by NHS Salford. Its content has been developed through extensive internal and external engagement and builds upon our close knowledge of the local population. Major challenges lie ahead and this plan will support a new approach over the next 5 years to improve health and wellbeing in Salford.

Professor Eileen Fairhurst MBE
Chairman of Salford Primary Care Trust

Dr Mike Burrows
Chief Executive of Salford Primary Care Trust

‘adding life to years and years to life IN Salford’
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AACM</td>
<td>All Age all Cause Mortality</td>
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<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
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<tr>
<td>CAA</td>
<td>Comprehensive Area Assessment</td>
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<td>CATS</td>
<td>Clinical Assessment and Treatment Services</td>
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<td>CHD</td>
<td>Coronary Heart Disease</td>
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<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
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<td>CVD</td>
<td>Cardiovascular Disease</td>
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<td>eBMS</td>
<td>Electronic Business Management System</td>
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<td>GUMed</td>
<td>Genitourinary Medicine</td>
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<td>IAPT</td>
<td>Improving Access to Psychological Therapies</td>
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<td>Index of Multiple Deprivations</td>
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<tr>
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<td>Long Term Condition</td>
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<td>North West Strategic Health Authority</td>
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<td>PCT</td>
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<tr>
<td>PESTELI</td>
<td>Political, Economic, Social, Technological, Ecological, Legislative and Industrial</td>
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<td>PIR</td>
<td>Process for Investment and Reform</td>
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