Bolton

ALL AGE PREVENTION AND INEQUALITIES FRAMEWORK

BPF
BOLTON PREVENTION FRAMEWORK

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INTRODUCTION

Bolton is committed to ensuring that prevention is at the heart of everything that we do. From our Anchor Institutions, Private Sector, Voluntary, Community and Social Enterprise (VCSE) Organisations, right through to our communities and residents, there are opportunities to create the conditions for good health and economic prosperity.

Seen through the lens of a place, opportunities for prevention are broad and not limited to a narrow set of services or sectors. Across local areas there are a whole range of services and approaches – often strengths or asset based, relational or community-focused – working to address the root causes of problems, harness the power of our assets, improve outcomes for people, and potentially reduce the need for further support from statutory and other services.

Of course, a shift to prevention brings with it challenges: directing funding further upstream whilst fighting the fires as they happen; integrated and cross system working to meet national and local priorities and outcomes frameworks and being realistic about the limitations and possibilities of local areas to address some of the place based and legislative challenges that require national drive and direction for population level impact. But the potential of a shared framework for prevention, applied consistently across a locality is considerable.

And to meet these challenges we require a shared understanding of the range and scope of prevention that can be used to shape strategy, policy, services and places by all those who serve, live and work in Bolton. We need a shared language that describes our prevention opportunities and gaps, and a simple framework within which we can apply other tools and guidance about interventions, place shaping and community development to reduce inequalities. The Bolton All Age Prevention and Inequalities Framework is intentionally simple and based in the basics of prevention evidence.

This framework draws upon the Public Health evidence base of what works for prevention and as a result, makes reference to health in a number of sections. However, it will add value to any prevention topic or challenge in order to improve the places, experiences and outcomes for Bolton people.

AIM AND OBJECTIVES

AIM

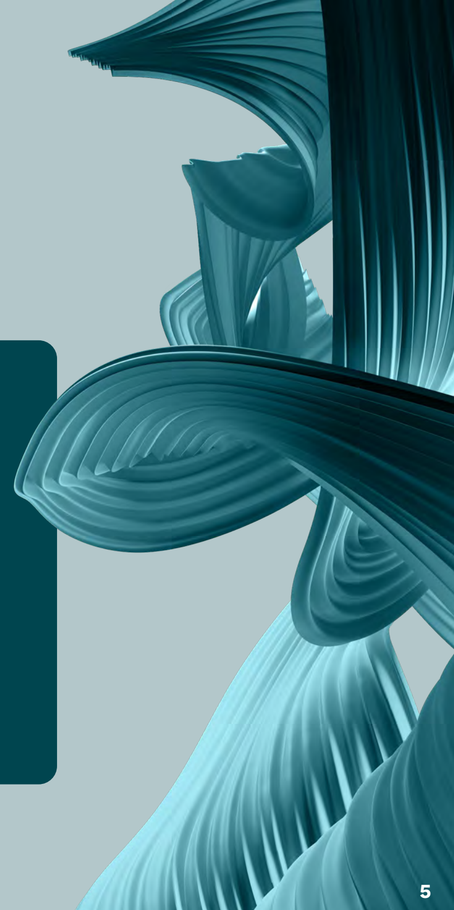
The Bolton All Age Prevention and Inequalities framework will provide a strategically agreed vision and ways of working to deliver prevention activities which reduce health inequalities across the Bolton Borough. This will be achieved through the following objectives:

OBJECTIVES

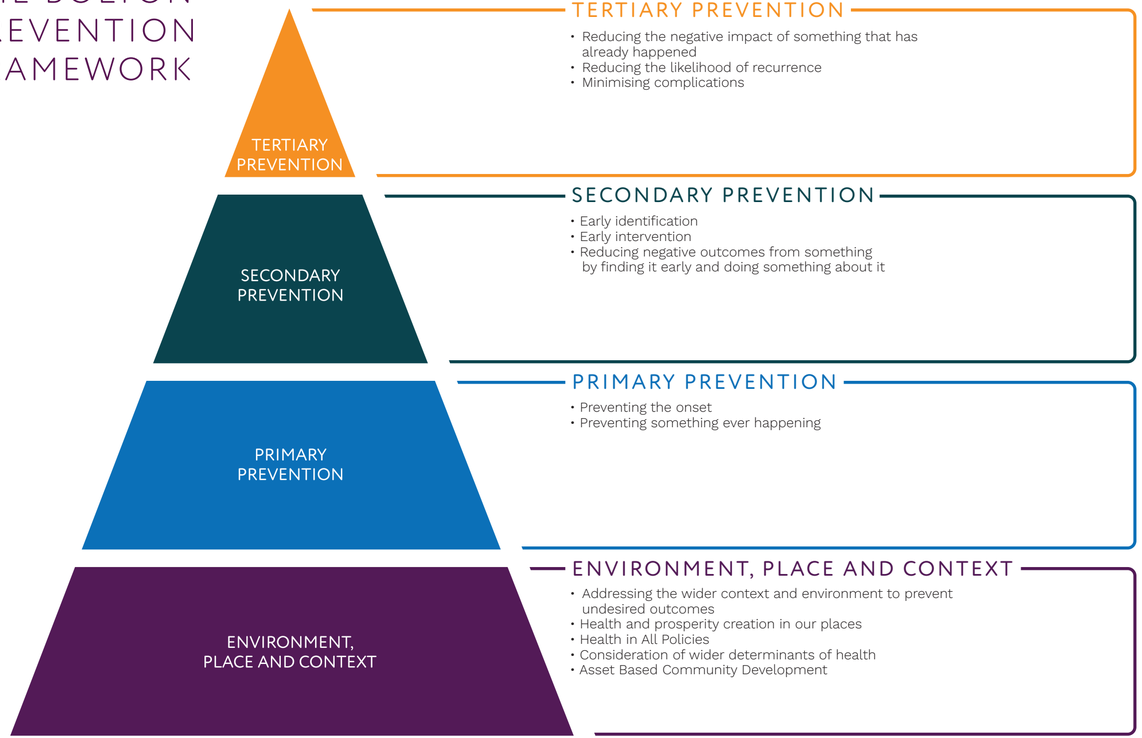
1. To define a common understanding of the definitions and scope of prevention, health inequalities and healthcare inequalities

2. To define the prevention framework for Bolton and provide guidance for its use

3. To identify supplementary tools and evidence to underpin the application of the Bolton Prevention and Inequalities Framework



THE BOLTON PREVENTION FRAMEWORK



Further information about practical use of The Framework can be found in this document on pages 22-28.

SHARED UNDERSTANDING AND LANGUAGE

Prevention

Primary Prevention is when we take action to stop a health problem or any other undesired outcome from ever developing in the first place. An example might be banning the use of asbestos in construction to prevent certain types of lung cancer, giving an immunisation, or developing green spaces in communities.

Secondary Prevention is when we try to identify undesired outcomes early and intervene as soon as possible in order to limit the negative consequences. Screening programmes such as the bowel cancer screening programme (BCSP) and early help services are a good example of this.

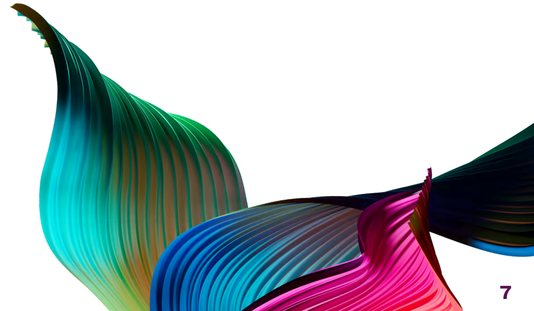
Tertiary Prevention is when we try to limit the negative impacts of an undesired outcome. This can be done by helping people to manage a health condition and live as full a life in their own home for as long as possible.

Wider/Social Determinants of Health are the conditions in which people are born, live, work, and age which contribute to their health, wellbeing and life outcomes. These are sometimes referred to as the 'causes of the causes' - the factors in a person's environment which may make it difficult or even impossible to make healthy 'choices' or to fulfil their full potential.

Inequalities

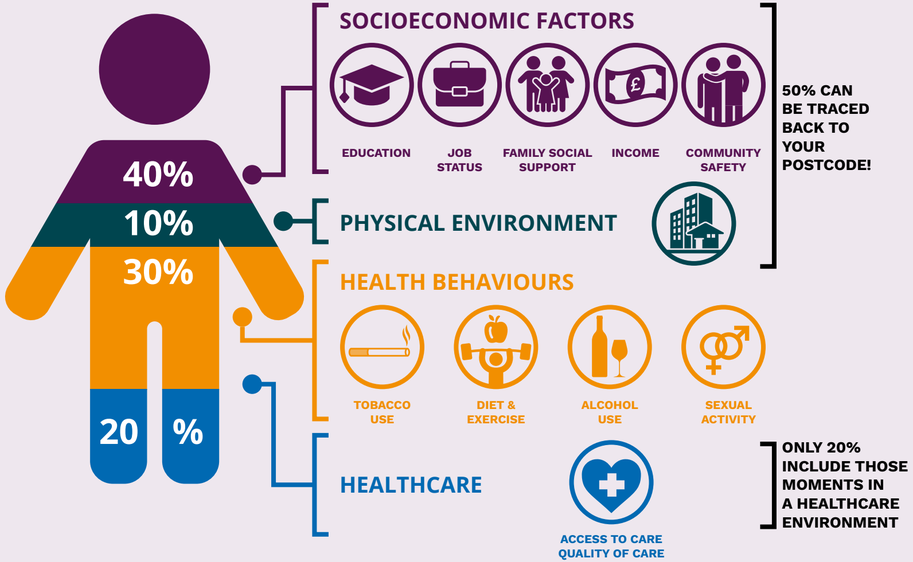
Health Inequalities are unfair, systematic, and avoidable differences in health between different groups of people. They are directly influenced by the social determinants of health.

Healthcare Inequalities are a specific type of health inequality which refer to the systemic inequalities within healthcare organisations such as hospitals or GP surgeries. They can be caused by various factors such as the way healthcare systems are organised (for example locations and times of appointments) and funded, or the unconscious biases of staff.



WHAT MAKES US HEALTHY?

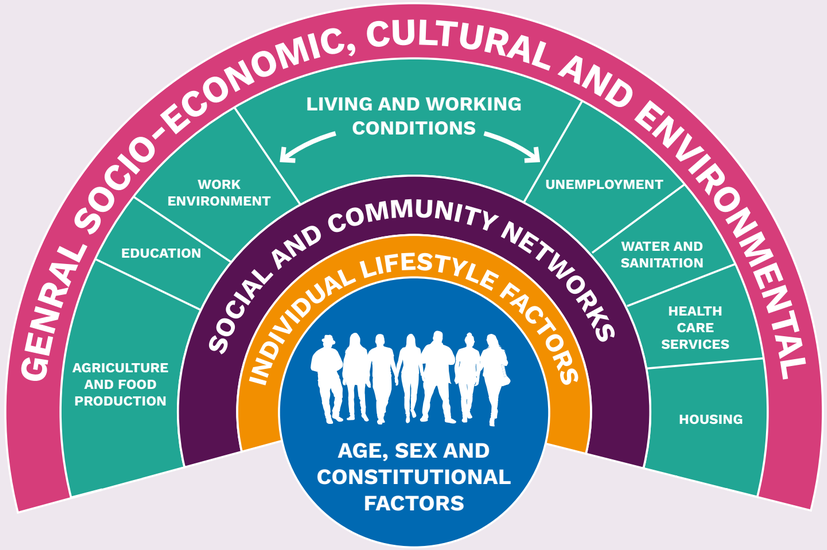
There are many different factors that make us healthy or unhealthy. It is really important to understand how these factors work alongside one another, and can be used in combination to prevent poor health and social care outcomes.



Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems (October 2016)

Different groups of people have different experiences of these, which affect their overall health and ability to take up and benefit from services for treatment and support.

Many less supportive factors (such as low income, low level of educational qualifications, high crime, poor air quality) are clustered together in our more deprived areas.



Social Determinants of Health (Dahlgren and Whitehead, 1991)

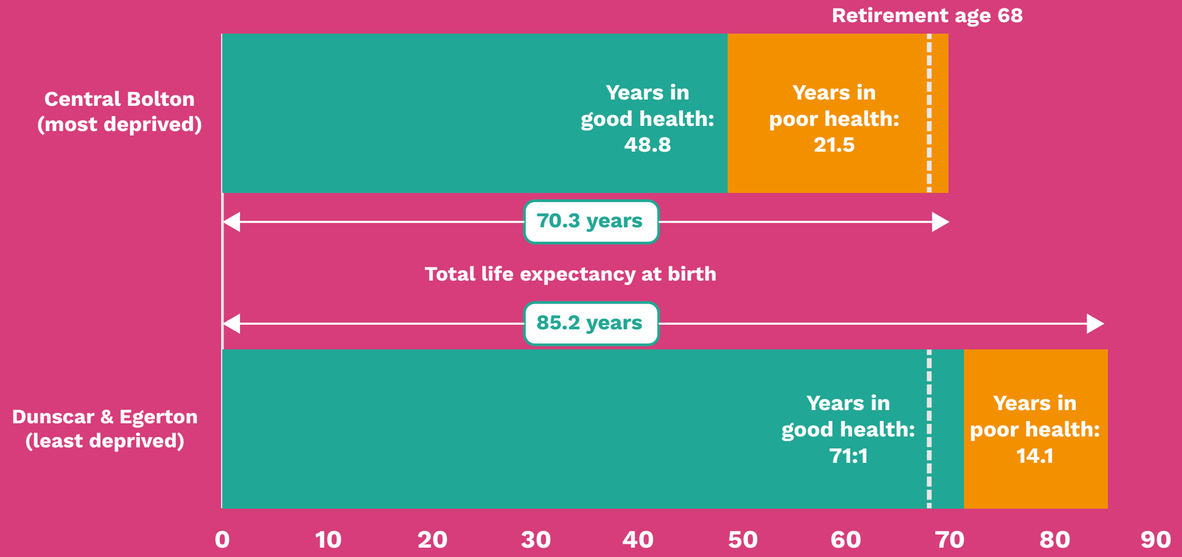
WHAT DO INEQUALITIES LOOK LIKE IN BOLTON?

Life Expectancy and Healthy Life Expectancy

Together life expectancy and healthy life expectancy are important indicators of overall population health, and inequalities in health. A longer life isn't a sufficient measure of health, instead alongside this measure we also consider healthy life expectancy (HLE) which describes the estimated number of years individuals can expect to live in "very good" or "good" health.

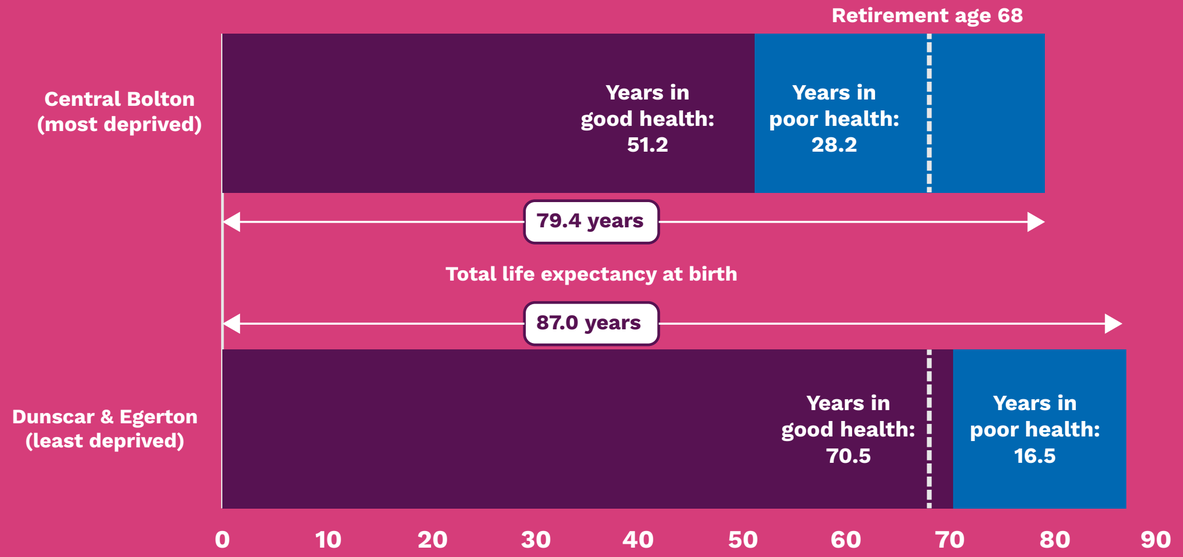
These charts on the following pages show us that, not only do residents in Bolton's least deprived areas live significantly longer than those in our most deprived areas, but they also live longer in good health. On average, both men and women in Bolton's most deprived areas experience poor health even before the age of retirement, an inequality that has much wider impacts on quality of life and economic prosperity.

Bolton years lived in good health and mortality - male



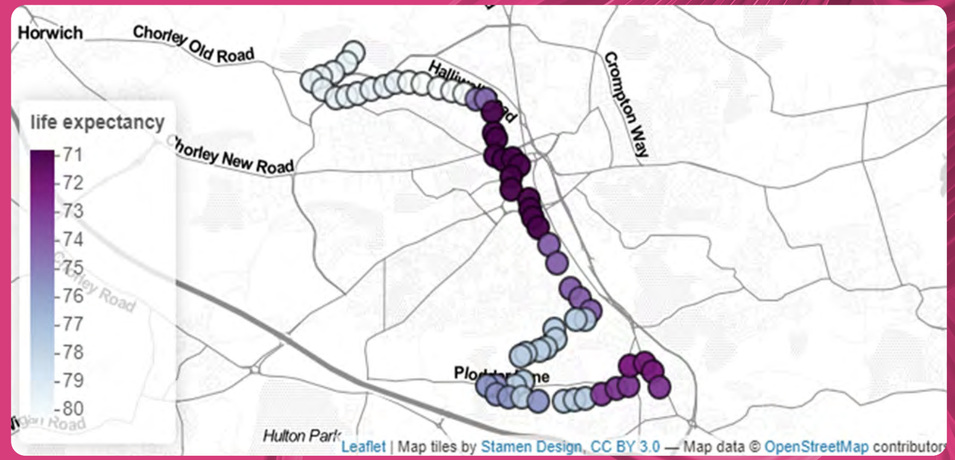
MSOA life expectancy at birth 2016-20 | MSOA healthy life expectancy at birth 2013-17

Bolton years lived in good health and mortality - female



MSOA life expectancy at birth 2016-20 | MSOA healthy life expectancy at birth 2013-17

DEPRIVATION



LIFE EXPECTANCY

HIGHEST

79 years

LOWEST

70 years

DIFFERENCE

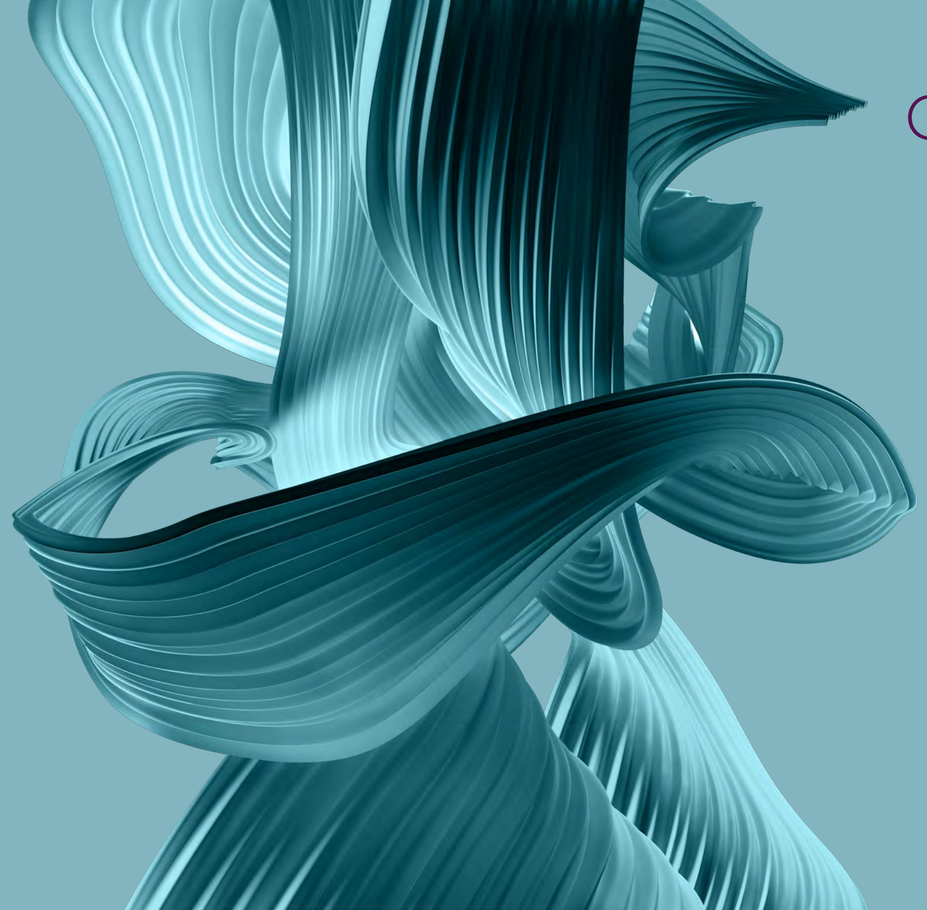
9 years

The map shows male life expectancy along the 501 bus route (2016-2020), for that the highest is 79 & lowest is 70 & difference 9 years

More Information

More data and intelligence about inequalities in Bolton can be found in our Joint Strategic Needs Assessment (JSNA): Home – Bolton JSNA

POLICY CONTEXT



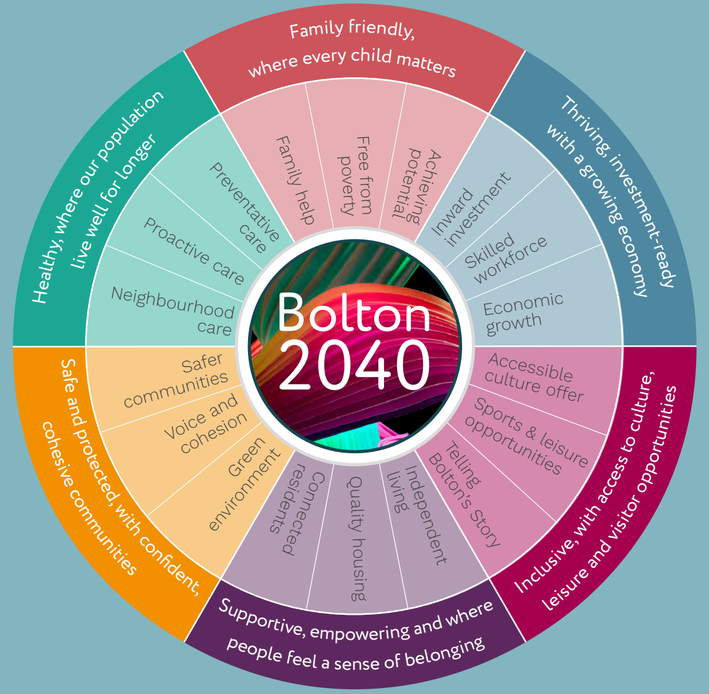
Vision 2040

Bolton 2040 is a vision for making Bolton a better place to live, work, and visit by the year 2040. It aims to create a stronger economy, healthier communities, and better opportunities for everyone. The plan focuses on good jobs, quality housing, safer neighbourhoods, and better education. Local people, businesses, and organisations are working together to make these changes happen. The goal is for Bolton to be a thriving, welcoming, and fair place for all. Everyone in the community has a role to play in shaping the future.

The next place plan for Bolton, Bolton 2040 is currently in development to continue to build on the aspirations set out in Bolton 2030.

OUR VISION

Bolton is a thriving borough, where people want to live, work, study, invest and visit.



BOLTON LOCALITY PLAN

Through listening to the voices of Bolton people, The Bolton Locality Plan sets out six strategic aims which provide policy direction which can be maximised through application of a prevention approach.

1. Reduce unfair differences in health

Reducing the unfair and preventable disparities in health which impact the quality of life, care options, health conditions and life expectancy Bolton people experience

- Sometimes, I feel that you can often be overlooked because of your gender and age.
- Unfair differences to health pops out. There are postcode lotteries - everyone should get the same access.
- Getting appointments is different throughout the borough, for example Horwich is different to Westhoughton.

2. Support connections in our communities

Improving the impact of our services by having Bolton people as our partners in the development of holistic community centric services

- There should be better links between the job centre and the doctors and other public services.
- We need to be more active to promote health and well being.
- Empower people and patients so they can help themselves and understand what's needed.
- Connections in the community is very important - how do I look after myself, local initiatives in the community to join (active groups). Signposting initiatives, community groups for the public to join and 'Let's keep Bolton moving'.

3. Help Bolton people to live healthy lives

Providing proactive, innovative, high-quality, and timely care throughout a person's life, which supports them to live independently for as long as possible

- My top priority is speedy access to frontline services.
- I would also like a simple one stop shop for folk to have X-rays and bone density scans instead of long waits in A and E.
- Being able to get a GP appointment is a challenge.

4. Give our children every chance to succeed

Giving our children the best possible start in life, so that they have every chance to succeed and be happy

- Early intervention is key. We need to stop kids falling into the water, rather than pulling them out.
- Being able to access GP appointments for kids on the day you request one.

5. Make the best use of our resources

Understanding the most significant drivers of both cost and demand in the system as well as introducing efficiencies, cost reductions and quality improvements

- We worry about charges for services in the future and that we won't be able to afford the care we need.
- Funding for NHS is vital. They do a wonderful job but they just don't have enough money.

6. Invest in our current staff and open doors for future

Improving the recruitment, retention, training and leadership pipeline for those working in/ aspiring to work in the health and care sectors

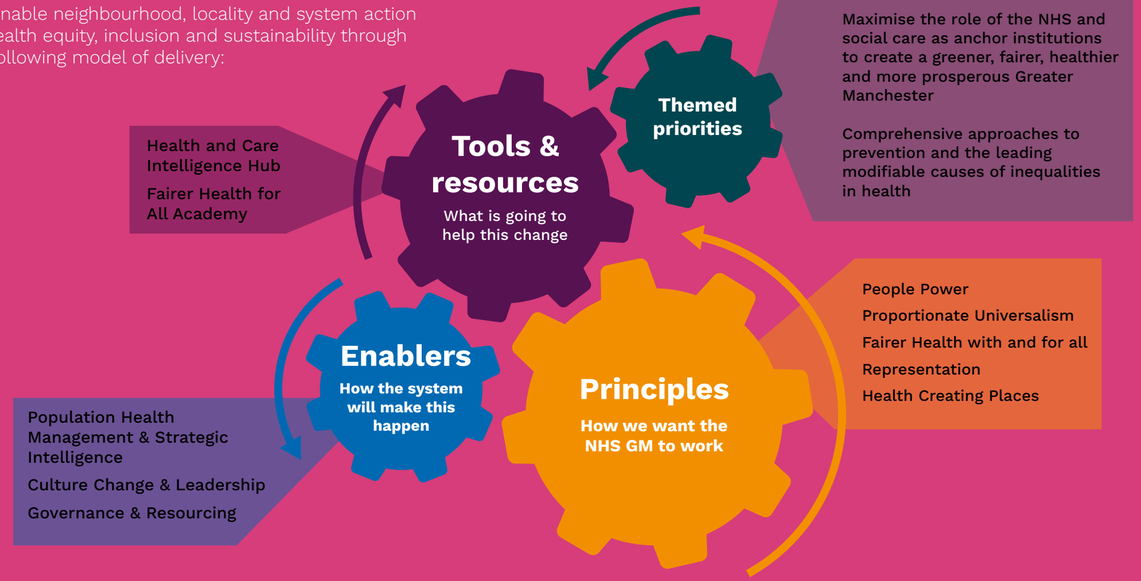
- Mental health services are not there when we need them - there is a lack of well trained and well paid staff.
- Nursing staff at Bolton hospital were top notch every time I've been in.
- Not only invest in our staff but invest in the community, put on digital sessions, how to access digital letters and text for example.

FAIRER HEALTH FOR ALL

Fairer Health for All is a plan to improve health and reduce inequalities in Greater Manchester. It focuses on making sure everyone, no matter where they live or their background, has a fair chance at good health. The plan tackles big issues like poverty, housing, jobs, and education, which all affect people's well-being. It also works to improve NHS services and social care, making them easier to access and fairer for everyone. Mental health support and preventing illness before it starts are key priorities. Communities and local groups are involved in shaping solutions that work for them. The goal is to help people live longer, healthier lives with better support when they need it. The plan is led by local health and care organisations, working together to create lasting change.

FAIRER HEALTH FOR ALL: IN SUMMARY

The Greater Manchester Fairer Health for All framework will enable neighbourhood, locality and system action on health equity, inclusion and sustainability through the following model of delivery:



PUTTING THE BOLTON PREVENTION FRAMEWORK INTO PRACTICE

Before starting to use the framework for your topic area, run through the following questions to develop the building blocks of your approach.

Stage 1 - **For the thing that you are trying to prevent, what do you know about:**

The root causes (primary prevention opportunities)?

Early signs and presentation and the best way to identify these (secondary prevention opportunities)?

Complexities and recurrence patterns (tertiary prevention)?

Assets or strengths that mitigate against the thing happening?

Stage 2 - **Confirm with evidence what works well for the population you are trying to reach.**

Intelligence to consider: -

Published literature, journals and research studies

Local engagement, consultation and codesign/co-production intelligence

Local population data held within the Joint Strategic Needs Assessment

Local, regional and national policy

Clinical guidelines

Prior experience and service evaluation

Stage 3 - **Gap Analysis**

What is already being done across the prevention triangle?

Who by?

With what outcomes?

What is missing across the prevention triangle and who is best to address this gap?

Stage 4 - **Scale and Scope**

Is the prevention gap you need to fill in your direct control?

Who do you need to work with to address the gap?

What prevention activities require whole system change or delivery?

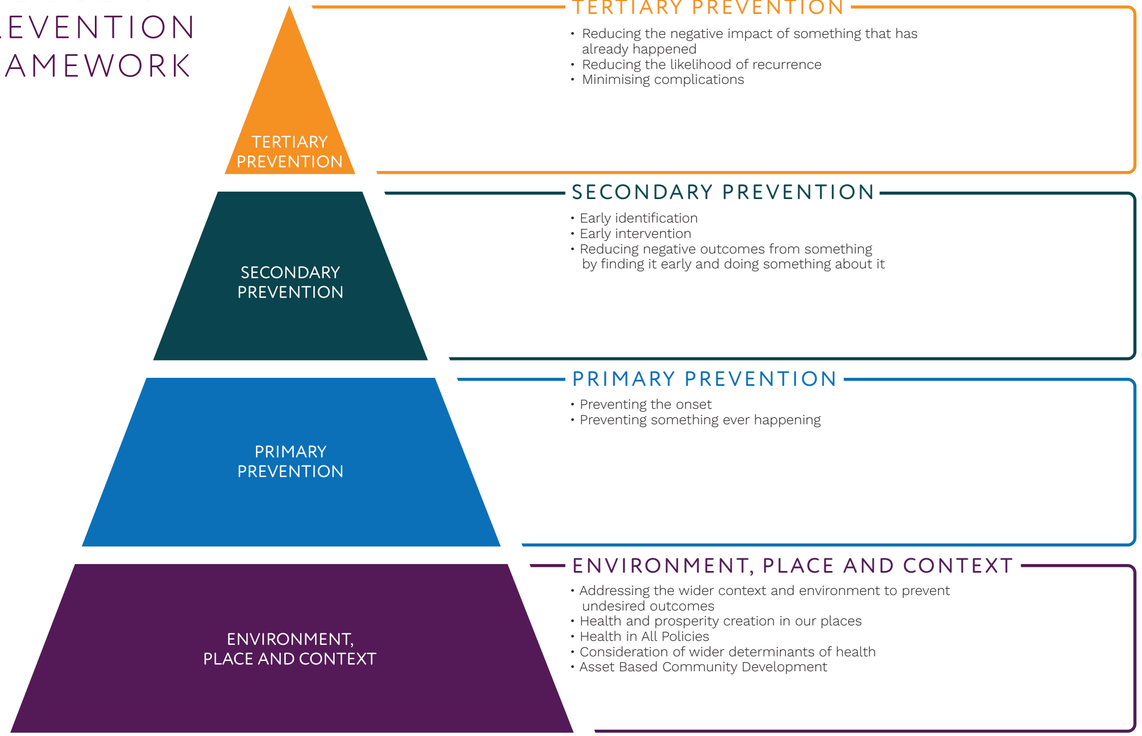
What resources and capacity are needed and is there a case for Return on Investment/Invest to Save?

Do you need to stop doing something to try a different approach?

Are there some elements that are outside of local control or influence?

Over what time period will you see the impact of any interventions, services, offers, programmes; does this meet the prevention need?

THE BOLTON PREVENTION FRAMEWORK



TERTIARY PREVENTION

- Reducing the negative impact of something that has already happened
- Reducing the likelihood of recurrence
- Minimising complications

SECONDARY PREVENTION

- Early identification
- Early intervention
- Reducing negative outcomes from something by finding it early and doing something about it

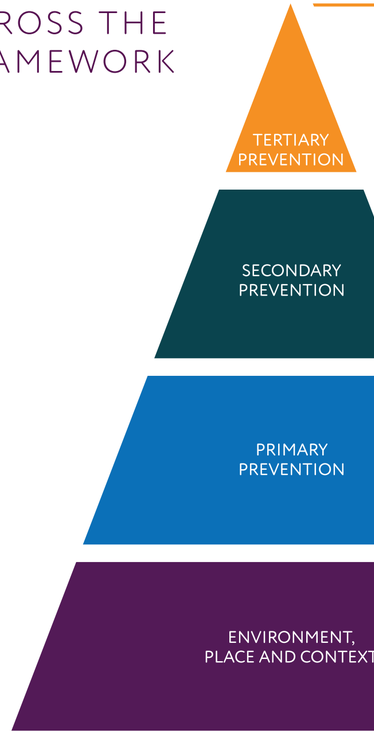
PRIMARY PREVENTION

- Preventing the onset
- Preventing something ever happening

ENVIRONMENT, PLACE AND CONTEXT

- Addressing the wider context and environment to prevent undesired outcomes
- Health and prosperity creation in our places
- Health in All Policies
- Consideration of wider determinants of health
- Asset Based Community Development

CONSIDERATIONS ACROSS THE FRAMEWORK



TERTIARY PREVENTION

- What do we know about the risk of the thing reoccurring, what do we know will reduce this risk?
- What are the potential negative consequences or complexities if the thing you are trying to prevent has already happened? What can we do to reduce this risk?
- Consideration of services, interventions, offers, community assets, health creating places

SECONDARY PREVENTION

- What are the early signs of the thing you are trying to prevent?
- Who might notice or identify these (think current and potential), how and when?
- What opportunities are there to reduce early identified risk, who might need to be involved?
- Consideration of services, interventions, offers, community assets, health creating places

PRIMARY PREVENTION

- Are there any services, offers, programmes or delivery that can stop the root causes of the thing you are trying to prevent?
- Don't forget to consider community assets, health creating places

ENVIRONMENT, PLACE AND CONTEXT

- Do you understand the root causes of the thing you are trying to prevent?
- What can you do to address the environment, context and place to address the root causes of the thing you are trying to prevent?

PUTTING THE BOLTON PREVENTION FRAMEWORK INTO PRACTICE

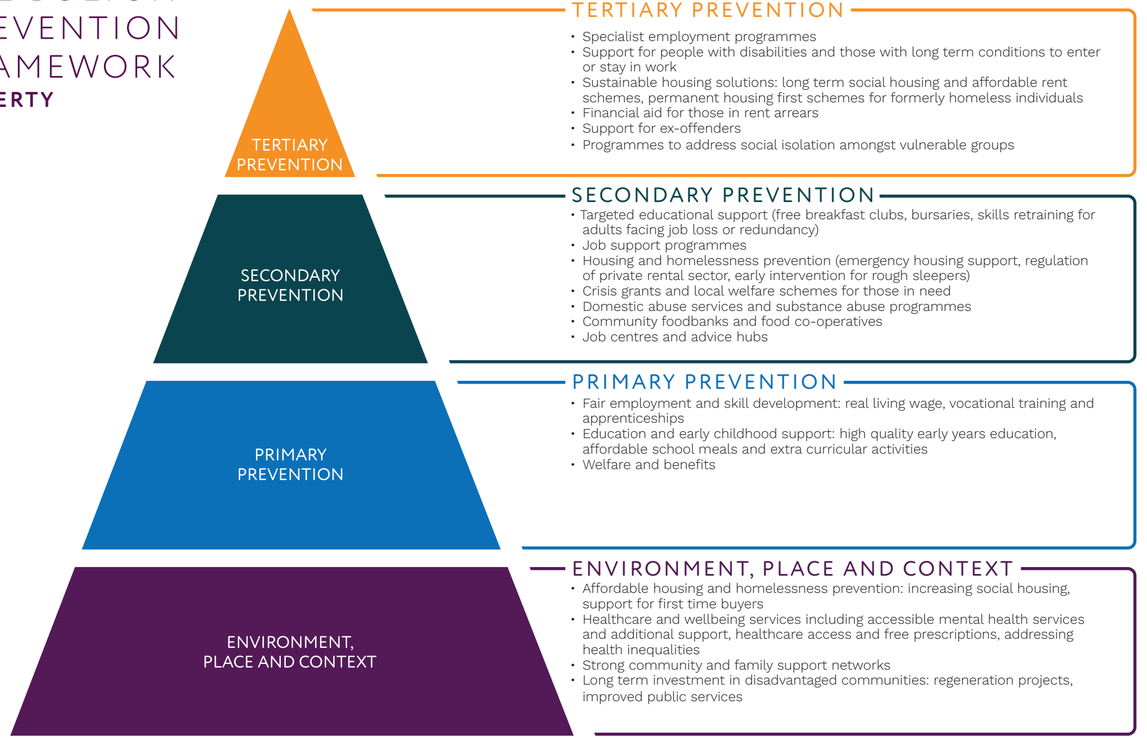
USING THE BOLTON PREVENTION FRAMEWORK:

Some Examples

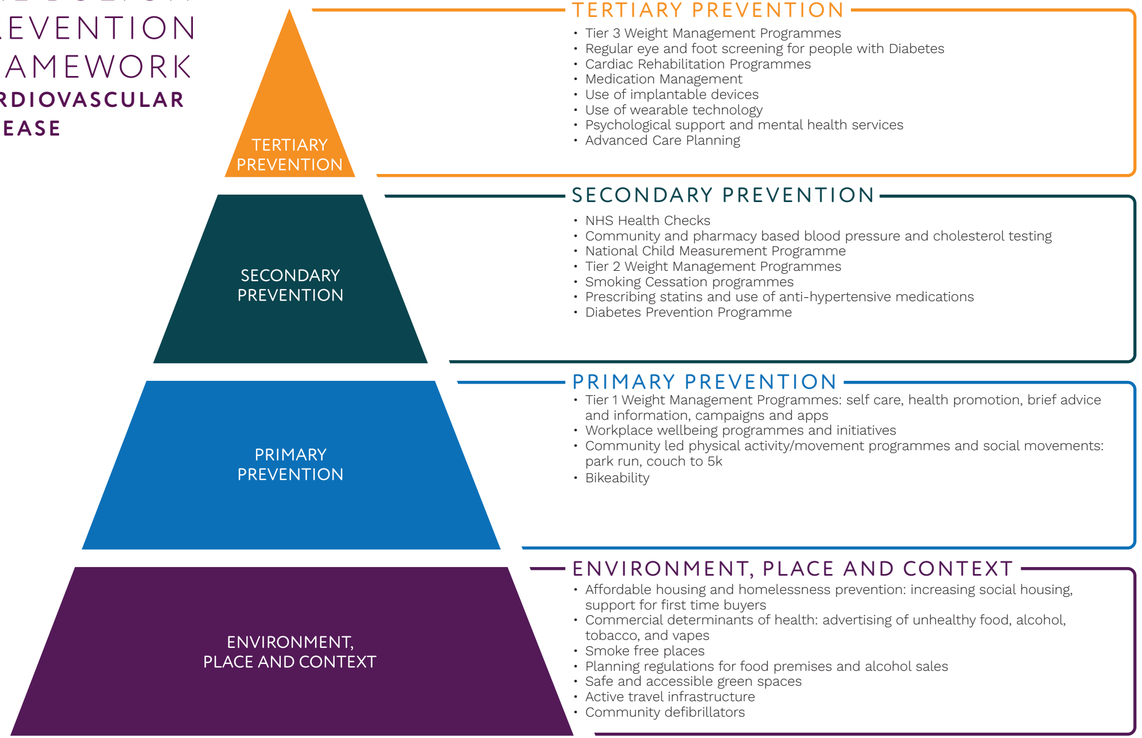
The following examples are intended to provide an illustration of how the prevention framework might be used to map opportunities and existing ways that a range of topics might be prevented. These examples are provided for illustrative purposes only and have not been subject to rigorous development.

THE BOLTON PREVENTION FRAMEWORK

POVERTY



THE BOLTON PREVENTION FRAMEWORK
CARDIOVASCULAR DISEASE



TERTIARY PREVENTION

- Tier 3 Weight Management Programmes
- Regular eye and foot screening for people with Diabetes
- Cardiac Rehabilitation Programmes
- Medication Management
- Use of implantable devices
- Use of wearable technology
- Psychological support and mental health services
- Advanced Care Planning

SECONDARY PREVENTION

- NHS Health Checks
- Community and pharmacy based blood pressure and cholesterol testing
- National Child Measurement Programme
- Tier 2 Weight Management Programmes
- Smoking Cessation programmes
- Prescribing statins and use of anti-hypertensive medications
- Diabetes Prevention Programme

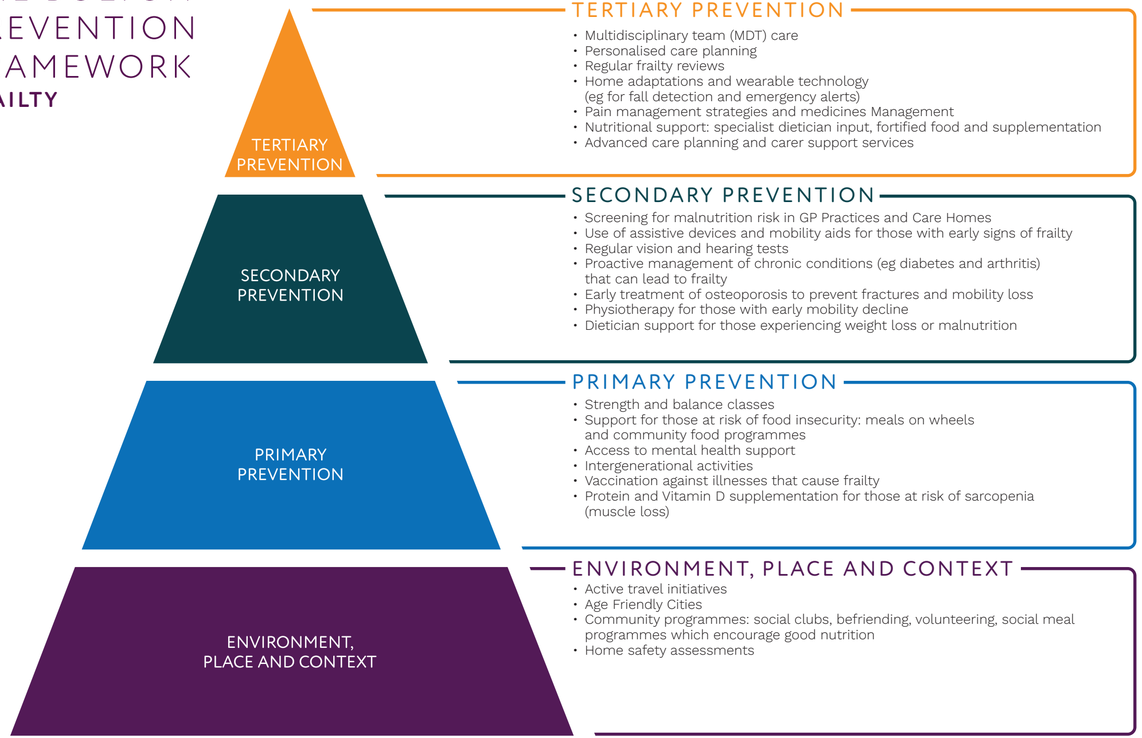
PRIMARY PREVENTION

- Tier 1 Weight Management Programmes: self care, health promotion, brief advice and information, campaigns and apps
- Workplace wellbeing programmes and initiatives
- Community led physical activity/movement programmes and social movements: park run, couch to 5k
- Bikeability

ENVIRONMENT, PLACE AND CONTEXT

- Affordable housing and homelessness prevention: increasing social housing, support for first time buyers
- Commercial determinants of health: advertising of unhealthy food, alcohol, tobacco, and vapes
- Smoke free places
- Planning regulations for food premises and alcohol sales
- Safe and accessible green spaces
- Active travel infrastructure
- Community defibrillators

THE BOLTON PREVENTION FRAMEWORK
FRAILTY



TERTIARY PREVENTION

- Multidisciplinary team (MDT) care
- Personalised care planning
- Regular frailty reviews
- Home adaptations and wearable technology (eg for fall detection and emergency alerts)
- Pain management strategies and medicines Management
- Nutritional support: specialist dietician input, fortified food and supplementation
- Advanced care planning and carer support services

SECONDARY PREVENTION

- Screening for malnutrition risk in GP Practices and Care Homes
- Use of assistive devices and mobility aids for those with early signs of frailty
- Regular vision and hearing tests
- Proactive management of chronic conditions (eg diabetes and arthritis) that can lead to frailty
- Early treatment of osteoporosis to prevent fractures and mobility loss
- Physiotherapy for those with early mobility decline
- Dietician support for those experiencing weight loss or malnutrition

PRIMARY PREVENTION

- Strength and balance classes
- Support for those at risk of food insecurity: meals on wheels and community food programmes
- Access to mental health support
- Intergenerational activities
- Vaccination against illnesses that cause frailty
- Protein and Vitamin D supplementation for those at risk of sarcopenia (muscle loss)

ENVIRONMENT, PLACE AND CONTEXT

- Active travel initiatives
- Age Friendly Cities
- Community programmes: social clubs, befriending, volunteering, social meal programmes which encourage good nutrition
- Home safety assessments

BOLTON ALL AGE PREVENTION AND INEQUALITIES FRAMEWORK SUPPORTING TOOLS

The Prevention Opportunity
What are you trying to prevent?
Opportunities for prevention
Prevention timescales and opportunities

Inequalities
Progressive universalism
Intersectionality

System Drivers
Bolton Strategy Landscape
Determinants of Health
Carnell Farrar

Local Government
Social Determinants of Health

Framework for Local Government

NHS and Healthcare
Core 20 Plus 5

Neighbourhoods and Communities
Principles
Approaches
Assets

OVERVIEW OF TOOLS

The following supporting tools can be used in combination or alone, to help to identify the best opportunities to maximise prevention in a range of situations, settings and contexts. They offer further evidence-based guidance that can support prevention activities when applying the Prevention Framework (“The Triangle”).

The Prevention Opportunity

Tool 1 Define what it is that you are trying to prevent

Tool 2 Opportunities for prevention

Tool 3 Define the timescales required, challenge yourself to consider each of the short, medium and long term

Consideration of Inequalities

Tool 4 Have you considered Progressive Universalism in your approach?

Tool 5 How might intersectionality widen or reduce inequalities?

System Drivers

Tool 6 Consider other Bolton Partnership Strategies and partners that might support in delivery of prevention elements

Tool 7 How might addressing/working with partners to address wider determinants impact on the success/scale of your prevention activities?

Tool 8 Are there opportunities in your prevention work to include high impact areas as outlined in the Carnell Farrar work?

Local Government considerations

Tool 9 Have you considered the impact or influence of other Local Government departments on the thing you are trying to prevent?

NHS and Healthcare considerations

Tool 10 Does your work have the potential to impact positively or negatively on priority inequality areas for the NHS and Bolton Locality?

Considerations for Neighbourhoods and Communities

Tool 11 Bolton Principles for Community Engagement

Tool 1

THE PREVENTION OPPORTUNITY

Defining the Prevention Task

When applying the Bolton All Age Prevention framework, it is important to define what it is that you are intending to prevent. As described earlier, this simple framework (“The Triangle”) can be used to consider, explore and design services, policies and strategies applying a prevention lens to most topic areas.

This tool provides just a small number of examples where the Bolton Prevention Framework could help to shape prevention efforts.

Tool 2

Opportunities for Prevention

Sometimes the “Prevention Triangle” (which provides the structure for the Bolton Prevention Framework) is depicted as upstream and downstream prevention opportunities. Looking at this way can sometimes help to understand the opportunities for prevention.

The upstream-downstream model of prevention is a way of thinking about how to stop problems before they start, rather than just dealing with the effects.

Upstream prevention focuses on tackling the root causes of issues—like improving housing, education, and healthcare so that fewer people get sick or struggle later. We also know this as Primary Prevention.

Midstream prevention works on reducing risks as they appear, such as offering free health screenings or mental health support in schools to catch problems early. We also know this as Secondary Prevention.

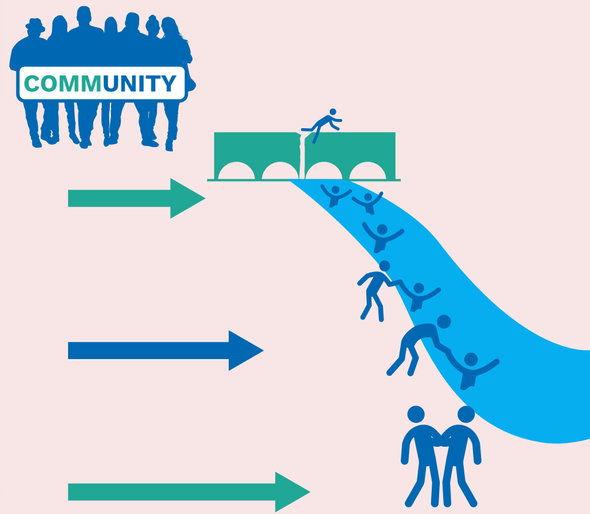
Downstream prevention deals with the consequences of issues that have already happened, like hospital treatments or crisis interventions for homelessness. We also know this as Tertiary Prevention.

Understanding the Community
Population structure, differences between communities, community assets

Understanding the Risks (Environment and Context; Primary Prevention)
"Fixing the bridge"
Preventing people falling in the river in the first place

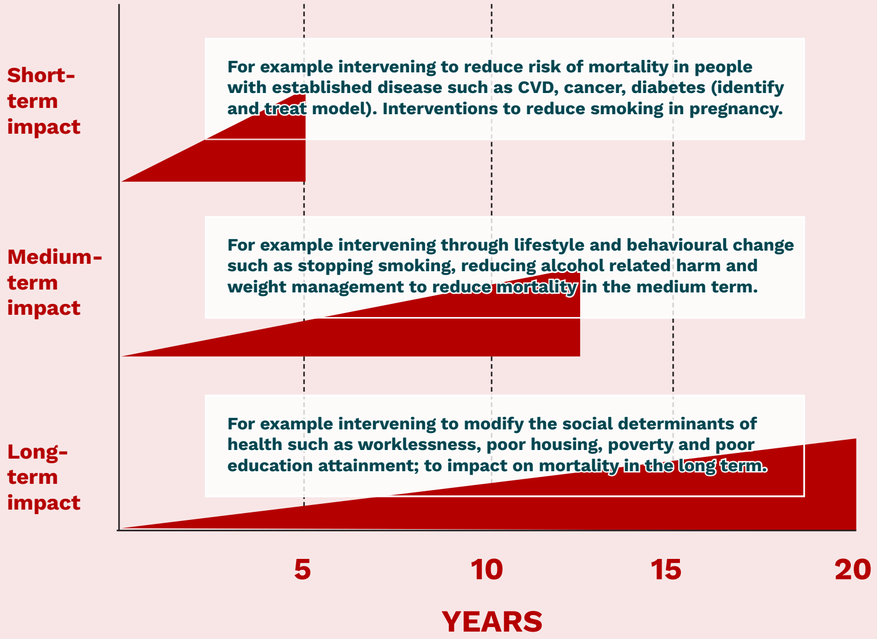
Early Identification and Intervention
(Secondary Prevention)
"Throwing a rope"
Shortening the period in the river and promoting early recovery

Downstream Intervention
(Tertiary Prevention)
"Pulling people out of the river"



Long, Medium and Short-Term Prevention

Source: Reducing health inequalities: system, scale and sustainability (2017)



The Chris Bentley Health Inequalities Unit graph typically outlines different strategies for addressing health inequalities in the short, medium, and long term, categorising them based on the immediate impact versus more systemic, structural changes.

Short-term Prevention:

• These interventions focus on addressing immediate health issues and providing direct support to individuals or communities.

• Examples include improving access to healthcare services, providing emergency medical care, targeted health education programs, or distributing resources like vaccines or health screenings.

• The impact is often quick but may not address the root causes of health inequalities.

Medium-term Prevention:

• These strategies aim to create healthier environments by implementing changes that will have a lasting impact over a few years.

• Policies might include promoting healthier lifestyles through community health programmes, improving access to nutritious food, enhancing physical activity programmes, and addressing socio-economic disparities.

• The focus is on improving infrastructure and providing targeted interventions that go beyond individual needs.

Long-term Prevention:

• These are structural and policy-level changes aimed at reducing health inequalities in the long run (often decades).

• Interventions include tackling social determinants of health such as poverty, education, employment, and housing. They also involve changes to systems that affect health, like social policies, economic development, and healthcare system reforms.

• The goal is to create systemic change that ensures equitable access to resources, reduces the gap in health outcomes, and prevents the rise of health inequalities over generations.

This tool is helpful because it provides a clear framework for understanding how different interventions work at various stages to address health inequalities. Here's why this is useful:

1. Guiding Resource Allocation:

• It helps policymakers and health professionals prioritise actions based on the urgency and long-term impact. Immediate resources can be directed toward short-term prevention, while more substantial investments can be made in long-term solutions that drive systemic change.

2. Identifying the Scope of Action:

• By distinguishing between short, medium, and long-term strategies, the graph helps stakeholders understand the range of actions needed to tackle health inequalities at different levels. It shows that health disparities cannot be solved with just quick fixes; structural change is necessary for lasting improvement.

3. Comprehensive Approach:

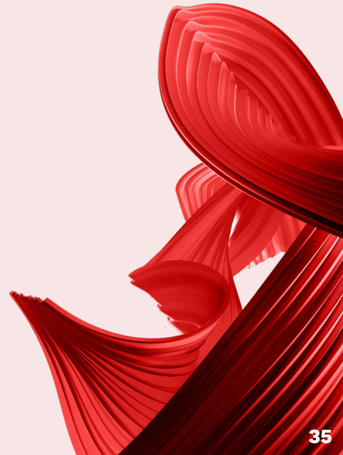
• The graph encourages a holistic view of health inequalities, reminding that solutions need to target both individual and systemic factors. Short-term solutions might help individuals, but only medium and long-term policies can address the root causes like poverty, education, and housing.

4. Improving Prevention Strategy:

• It allows prevention programmes to be designed in a way that incorporates both immediate needs and sustainable progress. For instance, a health initiative can provide immediate support to a vulnerable community while simultaneously laying the groundwork for policy changes that will prevent health inequalities from re-emerging.

5. Tracking Progress:

• It helps in evaluating the effectiveness of interventions over time. Short-term outcomes might show quick improvements, but long-term success is seen when health disparities start to shrink due to systemic changes.



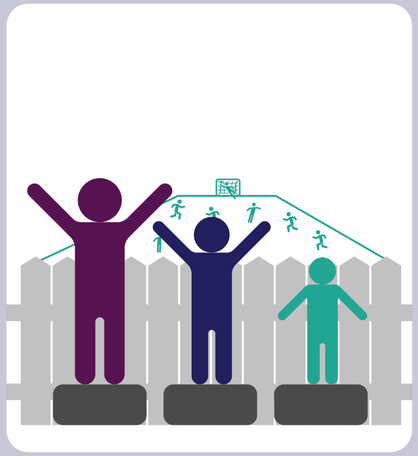
CONSIDERATION OF INEQUALITIES

Proportionate Universalism

REALITY

One gets **more than** is needed, while the other gets **less than** is needed.

Thus, a huge disparity is created.

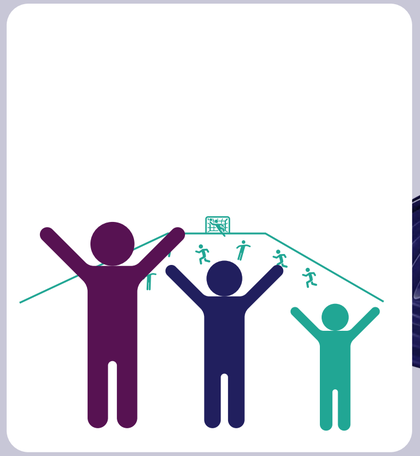


EQUALITY

The assumption is that **everyone benefits from the same supports.** This Is considered to be equal treatment.

EQUITY

Everyone gets the support they need, which produces equity.



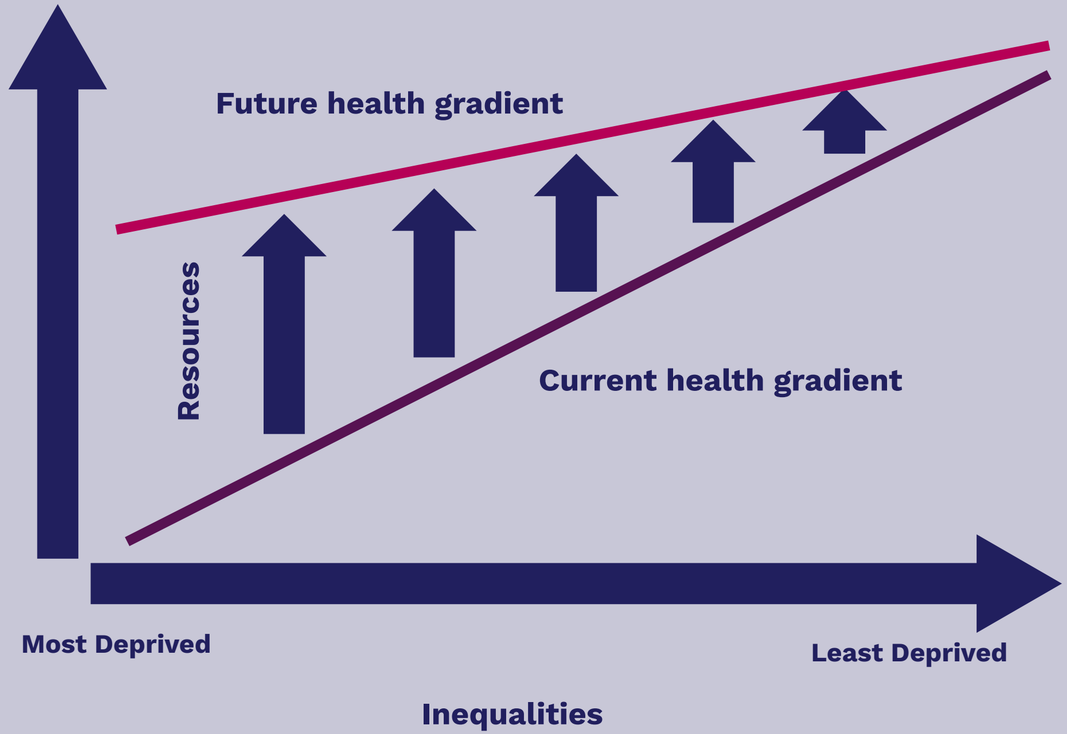
JUSTICE

Nobody needs supports or accommodations because **the cause(s) of the inequity was addressed.**

The systemic barrier has been removed.

Source: Original graphic from Interaction Institute for Social Change (2016)

Tool 4



Proportionate universalism is a policy approach that aims to provide services or support to everyone, but adjusts the level of support depending on how much someone needs. It's similar to progressive universalism, but with a slightly different focus on making the support proportional to people's circumstances, rather than just giving extra help to those most in need.

How it works:

- **Universal** means that the service or benefit is available to everyone, regardless of their background or income.

- **Proportionate** means that the amount of support someone gets is proportional to their need. So, everyone gets something, but those who are struggling the most get more, and those who need less get a bit less.

For example, in healthcare:

- Everyone gets access to healthcare services (universal), but if someone has a chronic illness, they might receive more focused care and attention (proportionate).

- Someone with no health problems might get basic check-ups, but they wouldn't need as much care as someone dealing with a serious condition.

Why it's important for reducing inequalities:

1. Tailored Support: Instead of treating everyone the same, proportionate universalism recognises that not everyone starts from the same place. Some people face bigger challenges (e.g., poverty, discrimination), so they need more help to achieve equal outcomes. By giving everyone support based on their needs, it helps to ensure fairness.

2. Prevents Worsening Inequalities: If we only focus on the most disadvantaged without providing universal support, it could create division or exclude people who may not be as disadvantaged but still need help. Proportionate universalism ensures that everyone is included, but those who need more support get what's right for them.

3. Inclusive Growth: By making sure everyone gets some level of support but adjusting for those who need more, proportionate universalism helps to improve overall wellbeing in society. It can raise the baseline level of health, education, and opportunity for everyone.

4. Prevention of Social Gaps: If support is only targeted at the most disadvantaged, it can sometimes create a divide or reinforce stigma. Proportionate universalism ensures that society doesn't divide people into "needy" and "not needy." Instead, it treats everyone as worthy of support but ensures it's given in a way that reduces existing inequalities.

Proportionate universalism is about providing universal support, but in a way that's adapted to the different needs of people. It's important for reducing inequalities because it ensures everyone gets help in a way that's fair and considers their unique circumstances, helping to create more equal opportunities for all.

Source: Ford, J. et al (2021). Transforming health systems to reduce health inequalities. Future Healthcare Journal. Vol. 8, no. 2.

Tool 5

Intersectionality

Intersectionality is a key concept for health and social care professionals and policymakers to ensure services are fair and accessible for all. **Kimberlé Crenshaw** introduced it in 1989 to explain how different aspects of a person's identity—such as race, gender, disability, and socioeconomic status—combine to create unique challenges. Traditional approaches often focus on single issues, but intersectionality highlights how overlapping factors can deepen inequalities.

For example, a Black disabled woman may face barriers in healthcare that differ from those of a white disabled man or an non-disabled Black woman. An LGBTQ+ asylum seeker may experience mental health challenges that require tailored support. Recognising these overlapping factors helps professionals design services that meet people's real needs rather than applying a one-size-fits-all approach.

To apply intersectionality in practice:

- **Collect and analyse data** on multiple identity factors to identify hidden inequalities.
- **Ensure services are culturally competent** by considering language, accessibility, and discrimination risks.
- **Engage diverse communities** in shaping policies and services to reflect real experiences.

• Train staff to recognise and respond to complex needs with sensitivity and awareness.

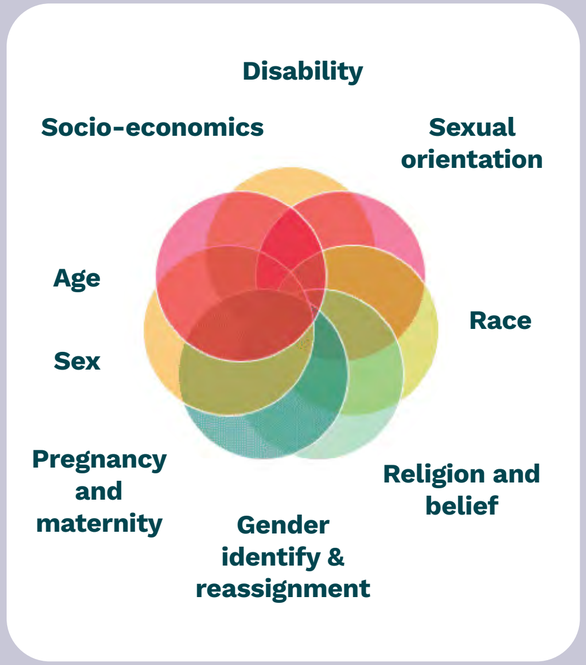


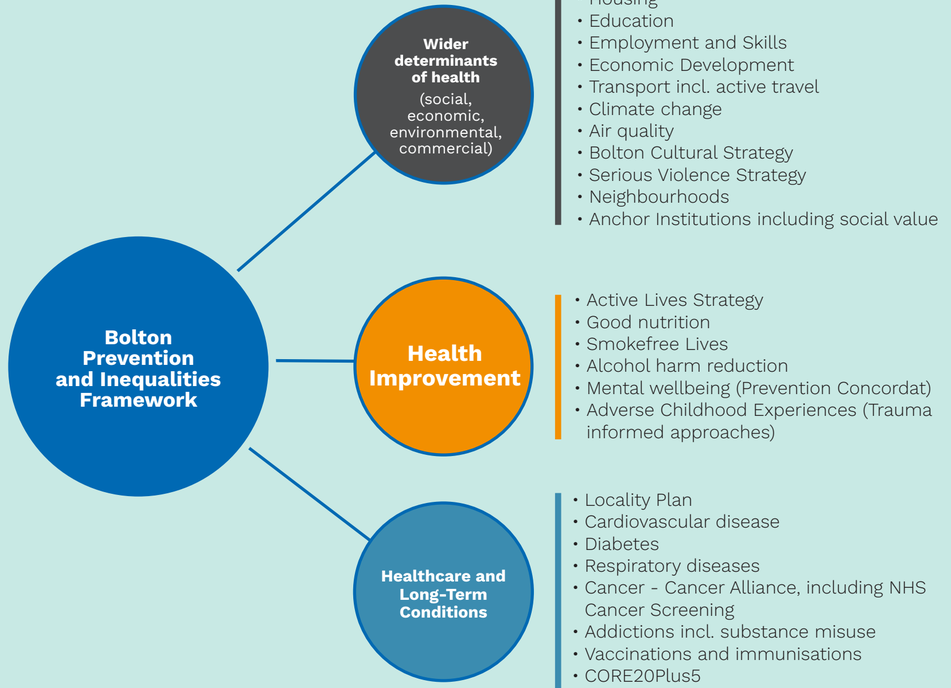
Image credit: Devon County Council Equality, Diversity and Inclusion by Design - Equality, Diversity and Inclusion

Tool 6

SYSTEM DRIVERS

The Better Bolton Strategy Landscape

This diagram aims to demonstrate a number of strategies in place across Bolton which can support the development of prevention focussed activities. There are, of course, new strategies in development and emerging all the time and therefore this diagram will not include all strategies available to provide guidance and support.



Wider and Social Determinants of Health

The **wider determinants of health**—also known as the **social determinants of health**—are the social, economic, and environmental factors that influence a person's health. These include factors like **income, education, employment, housing, access to healthy food, social support networks,** and **living conditions.** In the UK, addressing these determinants is crucial for improving health outcomes and for the effectiveness of prevention strategies in both health and other public sector services.

Why the Wider Determinants of Health Matter for Prevention:

1. Prevention of Poor Health at the Root Level

- **Wider determinants** play a key role in the development of **chronic diseases** (e.g., diabetes, heart disease, respiratory conditions) and mental health problems.

By addressing these factors before they lead to illness, public services can help prevent the development of health issues in the first place.

- For example, improving **housing conditions** can reduce respiratory problems caused by poor indoor air quality, while increasing access to **education** and **employment opportunities** can improve overall mental and physical health.

2. Health Inequalities

- Health inequalities are often driven by the **social determinants of health.** People from disadvantaged socio-economic backgrounds are more likely to experience poorer health outcomes because they face multiple barriers to accessing healthcare, healthy food, safe housing, and good education.

- By addressing these **wider factors**, public sector services can **reduce health inequalities** and ensure more equitable health outcomes across all communities. For example, improving **education** can lead to better job prospects and higher incomes, which in turn can lead to better health.

3. Tackling Root Causes for Long-Term Impact

- **Prevention** works best when it focuses on the **root causes** of health issues rather than just the symptoms. By targeting the wider determinants we can create long-lasting improvements in population health.

- For example, tackling **poverty** and **unemployment** can improve mental health and reduce the likelihood of people turning to unhealthy coping mechanisms, such as smoking, excessive drinking, or poor diet.

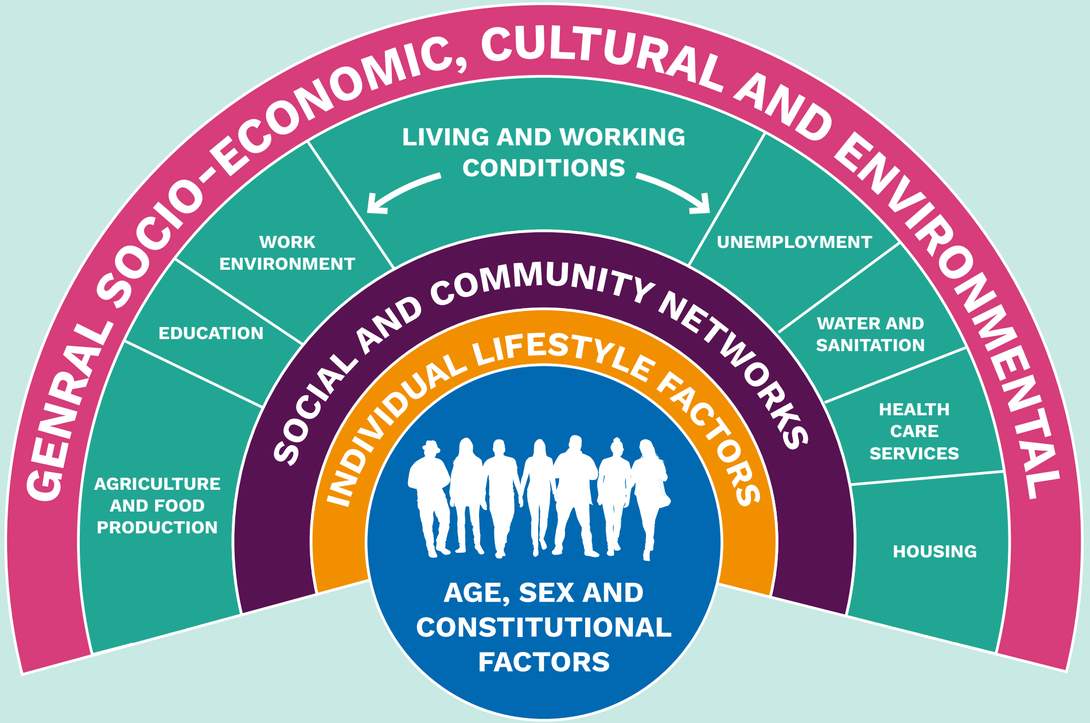
4. Better Resource Allocation and Cost Savings

- Addressing the **wider determinants** of health through early intervention can save costs in the long run. If we focus on improving people's living conditions, education, and employment prospects, fewer resources will need to be spent on treating avoidable conditions and diseases that arise from poor social conditions.

- For instance, investing in **early childhood education** can improve cognitive development, reducing the likelihood of future health problems and educational challenges. This can reduce healthcare costs and the need for more intensive services later in life.

5. Integrated and Holistic Approach

- The **wider determinants** require a **whole-system approach** that involves not just the healthcare sector, but also sectors like housing, education, employment, and transport. Tackling health inequalities effectively means working across these sectors to create supportive environments for health.



Social Determinants of Health (Dahlgren and Whitehead, 1991)

• For example, improving **access to green spaces** can encourage physical activity, which in turn prevents conditions like obesity, diabetes, and heart disease. Providing **affordable housing** can reduce stress and improve mental well-being, leading to better overall health.

6. Improving Public Health Resilience

• People who experience social disadvantage are often more vulnerable to health risks, especially in times of crisis (e.g., pandemics, economic downturns). By addressing the wider determinants, we can **build resilience** in these populations, helping them cope with and recover from difficult situations.

• For example, increasing access to **mental health support** and **social services** can help people cope with stress, while improving **job security** and **income equality** can reduce economic strain and its negative impact on health.

7. Creating Supportive Environments for Health

• Creating an environment that promotes wellbeing is key to prevention. The **physical environment** (e.g., clean air, access to parks) and the **social environment** (e.g., supportive communities, strong social networks) can significantly affect health outcomes.

• For instance, improving **public transport access** can encourage people to walk more, improving cardiovascular health. Ensuring **safe, walkable neighbourhoods** can reduce the likelihood of injuries and increase opportunities for social interaction, which supports mental health.

8. Addressing Health in All Policies

• The concept of **Health in All Policies** emphasises that health should be considered in every policy decision across sectors, not just in healthcare. Addressing the wider determinants of health through other public services (e.g., education, transport, housing, etc.) helps to improve the overall well-being of the population and prevents future health issues.

• For example, a **housing policy** that ensures homes are warm and safe can prevent respiratory conditions and reduce the burden on the NHS. A **school policy** that encourages healthy eating and physical activity can reduce the risk of obesity-related conditions.

Addressing the **wider determinants of health** is essential for preventing health problems and reducing health inequalities. By focusing on the **root causes**—such as poor housing, low income, lack of education, and limited access to social support—we can help create healthier, more resilient communities. This approach not only prevents illness but also promotes **equity** and **social justice**, ensuring that everyone, regardless of background, has the opportunity to live a long, healthy life.

Tool 8

Carnell Farrar High Impact Areas (www.carnallfarrar.com)

The **purpose and aim** of the **Carnall Farrar review** for Greater Manchester's NHS was to assess the local healthcare system and provide strategic recommendations to improve health outcomes, reduce health inequalities, and create a more sustainable, integrated, and efficient health and care system.

The **Carnall Farrar review** of Greater Manchester's NHS system identified several key opportunities to enhance population health:

1. Strengthening Prevention Efforts:

• The review emphasised the importance of shifting focus from treating illness to promoting health. This involves investing in preventive measures to reduce the incidence of diseases and improve overall community well-being.

2. Enhancing Data and Digital Capabilities:

• Improved data collection and digital infrastructure is crucial for informed decision-making. Access to high-quality, interoperable data enables proactive management of health issues and efficient resource allocation.

3. Fostering System Collaboration:

• Encouraging collaboration among health and care providers, local authorities, and community organisations can lead to more integrated and effective services. This approach ensures that interventions are comprehensive and tailored to the specific needs of the population.

4. Investing in Primary Care and Social Care:

• Unlocking the potential of primary care and social care services, along with their workforce, is vital. This includes providing adequate training, resources, and support to these sectors to enhance their capacity to address health needs at the community level.

5. Revising Financial Approaches:

• The review suggests resetting financial strategies to embed change, focusing on value-based healthcare. This involves allocating resources based on the effectiveness of interventions in improving health outcomes, rather than traditional volume-based metrics.

Implementing these recommendations aims to create a more proactive, collaborative, and efficient health system in Greater Manchester, ultimately leading to improved population health and reduced health inequalities.

This set of quantified opportunities map to primary, secondary, and social determinant focused interventions

For the purposes of initial investment quantification - opportunity one has been aligned with primary intervention, opportunity two with secondary interventions, and opportunity three with social determinants of health interventions

Opportunity 1: Reducing the growth in prevalence and progression of ill health	Opportunities to reduce prevalence and progression of ill health relative to baseline trend based on targeted prevention and early detection activities	Primary Prevention intervention across five key areas: • Smoking • Obesity • Diet • Exercise • Alcohol Dependency
Opportunity 2: Optimising models of care	Opportunities to change models of care to deliver more consistent proactive care to support effective population health management	Secondary intervention, targeting five specific patient cohorts: • Cardiovascular Disease • Diabetes • Respiratory Conditions • Frailty • Serious Mental Illness
Opportunity 3: Improving care for the most disadvantaged communities	Opportunities to improve health and address and reduce disparities in care for people in deprived socioeconomic groups	Interventions targeting four social determinants of health areas: • Housing • Food Insecurity • Transport • Substance Misuse

Bolton - population health opportunities

Tool 9

Prevention in Local Government. Social determinants of health and the role of local government.

The role of local government in health prevention focuses on addressing the social determinants of health. Local Authorities influence health through their roles as employers, service providers, regulators, and community leaders. By integrating public health into their policies, local government can improve health outcomes across communities by focusing on factors like housing, employment, education, and social support. Their approach enables the creation of healthier environments, supports prevention efforts, and reduces health inequalities.

Source: Local Government Association (2020). Social determinants of health and the role of local government.

Tool 10

Core20Plus5 (NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities)

Core 20 Plus 5 is an important framework developed by the NHS in England to reduce health inequalities, especially in relation to prevention and addressing disparities in healthcare. The initiative focuses on a targeted approach to improve health outcomes for the most disadvantaged groups, ensuring that everyone has an equal opportunity to access and benefit from healthcare services.

Core 20 Plus 5 is crucial for prevention and addressing inequalities by:

1. Targeting the Most Disadvantaged Groups (Core 20)

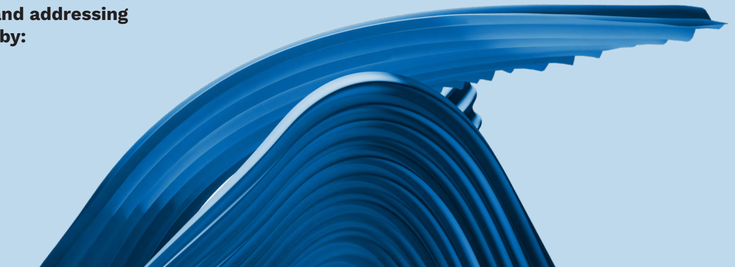
• **Core 20** refers to the most deprived 20% of the England population, who also experience the worst health outcomes and face significant barriers to accessing care.

• By focusing on this group, the NHS ensures that the resources and interventions are tailored to those who need them the most. Addressing their specific needs helps to prevent these groups from being left behind, which could further widen health inequalities.

2. Focusing on Key Areas of Health Inequalities (Plus)

Each Local Area will identify "Plus" groups who should receive further targeted support due to being likely to experience greater health inequalities. In Bolton these groups are:

- **People with drug and alcohol dependence**
- **Asylum seekers and refugees**
- **Carers**
- **Gypsy, Roma, Traveller communities**
- **Learning Disabilities/ Autism/Neurodiversity**



3. Focusing on specific conditions (5)

• **5** refers to **five clinical areas** where health inequalities are particularly pronounced. For adults these include:

- Maternity care

- Severe mental illness

- Chronic respiratory disease

- Early cancer diagnosis

- Hypertension

And for children:

- Asthma

- Diabetes

- Epilepsy

- Oral Health

- Mental Health

• These areas are critical because they have a significant impact on health outcomes and are often more common in disadvantaged communities. Focusing on these clinical areas ensures that health inequalities are tackled in the most prevalent and impactful health conditions.

4. Preventive Care

• **Core 20 Plus 5** emphasises a shift toward prevention and early intervention. For example, promoting better lifestyle choices (e.g., healthy eating, physical activity) in disadvantaged communities can help prevent conditions like diabetes, heart disease, and cancer. Early interventions, such as regular health screening or mental health support, are key to identifying problems before they become more serious.

• Targeting prevention in these high-risk groups reduces the future burden on healthcare services and improves long-term health outcomes.

5. Tailored, Holistic Approach

• The framework promotes a more **holistic, personalised approach** to care, recognising that people from disadvantaged backgrounds often face complex, overlapping issues. The initiative encourages healthcare providers to consider the social determinants of health and provide care that is culturally appropriate and accessible.

6. Improved Access and Equity

• Core 20 Plus 5 pushes for **better access** to healthcare for marginalised communities, ensuring that everyone, regardless of their background or social status, has the support and services they need to lead healthier lives. This helps to create a fairer, more equitable healthcare system.

7. Why It Matters:

Core 20 Plus 5 is about tackling the **root causes of health inequality** and making sure that people who need the most support are not overlooked. By focusing on prevention and early intervention in key clinical areas, the NHS can help to break the cycle of poor health in disadvantaged populations, leading to **better health outcomes** for all and ultimately reducing the overall burden on healthcare services.

REDUCING HEALTHCARE INEQUALITIES

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **ASTHMA**
Address over reliance on reliever medications and decrease the number of asthma attacks

2. **DIABETES**
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3. **EPILEPSY**
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. **ORAL HEALTH**
Address the backlog for tooth extractions in hospital for under 10s

5. **MENTAL HEALTH**
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Bolton Principles for Community Engagement

Bolton Community Engagement Guiding Principles

These are intended as guided principles for everyone to use when thinking about how they engage with communities.

They are not a linear process and some will be more relevant than others at different times.

COLLABORATE OUT LOUD

Asset-based

Appreciating everything communities can do for themselves and creating the space and conditions for them to utilise and develop their asset and play to their strengths.

Inclusion focussed

Working with community champions who can communicate effectively with people in their local communities as they already have trusted relationships.

Collaboration and boundary spanning

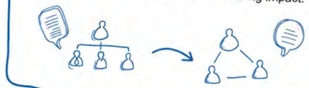
Being able to establish bridges with other groups and organisations. Boundary spanning can be defined as "the efforts by an organisation to establish connections both within and outside the organisation"

Gate opening (not gate keeping)

Bringing people and communities together who wouldn't ordinarily work together. Encouraging them to share opportunities and resources without creating channels that reply on particular groups or individuals.

Connecting

Understanding the needs, preferences and aspirations of our communities and connecting them to others who share them and/or who have gifts and resources which may help meet these needs. These connections are often surprising and simple and make a big impact.



Capacity building

Working alongside our communities. Not doing to people or for them. Capacity building so people and groups can do more for themselves and respond to emerging challenges and opportunities. Creating a sustainable approach which is supportive and realistic.

Diversity and difference

Appreciating and understanding the different communities and the power that these differences bring to what can be achieved collectively.

Visibility

Trust is built through a 'boots on the ground' approach where people are very visibly doing the work which in turn helps to build relationships and accountability.

Embrace the Chaos

The informal and unstructured nature of working with communities is embraced and there is an understanding of the need to embrace this and work at the pace and with the energy of the community.

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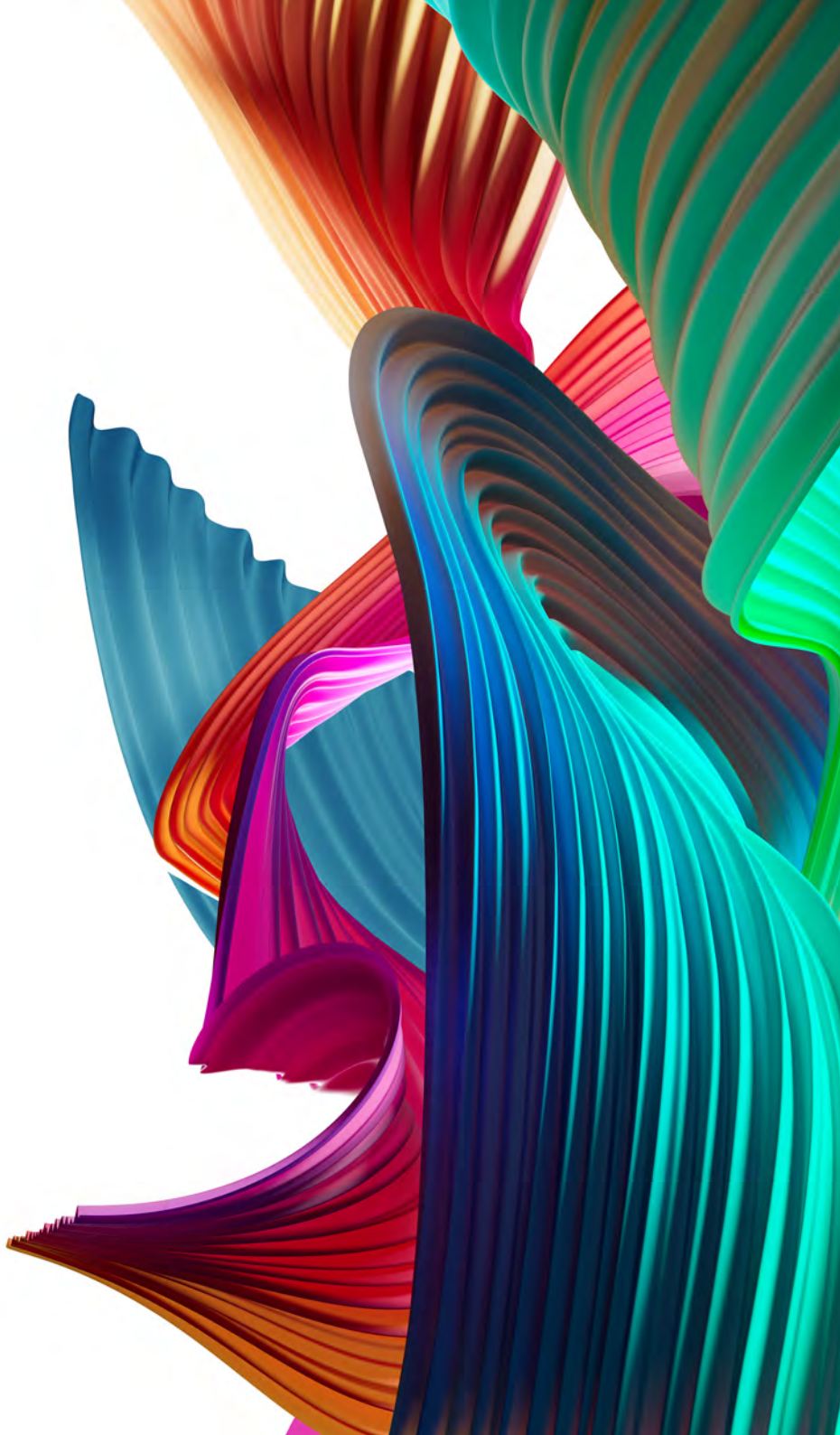

BPF
BOLTON PREVENTION FRAMEWORK

Bolton Council