

Working
together for...
our
Bolton

Locality Plan for Health & Care
2020 - 2024



Bolton Locality Plan 2020-24

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Locality Plan Executive Summary

We are proud of Bolton, our services and staff who provide good quality care and support; our vibrant and diverse voluntary sector and Bolton people, many of whom support their families and their communities on a daily basis. Bolton partners are working together to improve the health and wellbeing for everyone who lives or works here and we are committed to doing this with Bolton people. We want everyone to have the best start in life, experience the benefits of good homes and employment and to live as independently in their community for as long as possible.

We all want to live in good health, from our childhood right through to our final years. Yet we know that too many people in Bolton experience health and wellbeing problems, and many live with multiple health conditions. There are significant differences between our neighbourhoods with people in wealthier areas living longer and in better health than our poorer areas. Our physical and emotional wellbeing is strongly linked to the communities we live in, our access to leisure facilities, our homes, good education and employment opportunities and access to joined up health and care services when we need them. This is why our model of care is focussed on not only integrating our health and care services but working more closely with the voluntary sector, police and community safety services, schools and colleges and housing services. We are committed to working together to tackle health and social inequalities, so that everyone benefits from strong, connected communities and the opportunity to live happy, healthy lives.

In Bolton we are developing a new way of working with our communities which recognises the aspirations, resources and capabilities which can be mobilised to improve the wellbeing of Bolton people. We are calling this “the Bolton Way” - a reciprocal deal between public services and Bolton people. This is about emphasising the role and knowledge of our communities and co-producing solutions with them. It is empowering people to take care of themselves and others making sure we provide early intervention when people need it. Services will identify and work with personal and community strengths and opportunities rather than focusing on needs and deficits.

Creating a healthier, happier and more connected Bolton will only happen if we all commit to working more closely together and doing ‘our bit’. It is important that each and every one of us looks after our own health as much as we can; making healthy choices, responsibly using services and supporting our family, friends and communities to live healthy lives.

Our contract between local services and Bolton people and based on our Vision 2030 outcomes, can be summarised as follows:

Local Services	What we can all do
We will support children and their families to have the best start in life	Be a supportive parent and/or community member, encouraging children to aspire to be the best they can be
We will support people to stay healthier for longer, and feel more connected with their communities	Take opportunities to increase physical activity, maintain a healthy balanced diet and, improve our mental wellbeing by being connected, keep learning and being active
Assist people to age well by keeping them healthy for as long as possible enabling them to stay in their own home	Support and connect with relatives, friends and neighbours helping them to be independent for as long as possible
We will work to ensure accessible and timely access to primary care services to diagnose, treat and prevent disease as early as possible	Register with a GP and go for regular check-ups – taking charge of our own health and wellbeing and using services responsibly.
We will work with our partners to support good quality housing and employment opportunities for local people	Take pride in our home and community. Take advantage of the education and training opportunities and aim high for ourselves and our family.
We will work with our partners to protect our environment so that people can enjoy it, care for it and are active in it	Be an active citizen, take responsibility and do our bit to preserve the environment for ourselves, our family and future generations

Our new model of care will be critical to delivering this new way of working- rooted in communities, people will be at the heart of everything we do. If people do become ill our approach aims to ensure they receive the right level of care and support in their community from the right services at the right time. This is an ambitious proposal in which service and organisations will align to one service delivery footprint of 9 neighbourhoods and 1 locality to ensure all services from health and social care to housing and criminal justice integrate and direct resources to this framework. This will enable residents and services to easily access the right support they need in their community only needing to ‘tell their story once’. We recognise that too often people needing care and support can experience a lot of processes and assessments which can be difficult to understand and navigate. We are changing to better join up our service delivery and listen to the person in front of us, understanding what they need to be happy, healthy and live as independently as possible.

Recognising their potential and the breadth of the offer, the voluntary sector will have a key role in delivery reaching, connecting and developing trust within our communities. Where acute or specialist support is needed, we are committed to people receiving quality and safe services which are shaped by the individual and the families' needs. This opportunity to work differently is enabled by an Integrated Care Partnership (which has seen hospital, community and primary care services come together with social care services and closely linking with other key services such as housing and police) and the joining up of commissioning across the Council and Clinical Commissioning Group.

Our approach and impact will be measured by a Single Outcomes Framework for Bolton ensuring that health and care providers and wider organisations are working to shared outcomes to improve the wellbeing of Bolton people, these outcomes are:

- Our children get the best start in life, so that they have every chance to succeed and be happy.
- The health and wellbeing of our residents is improved, so that they can live healthy, fulfilling lives for longer
- People in Bolton stay healthier for longer, and feel more connected with their communities
- Businesses and investment are attracted to the Borough, matching our workforce's skills with modern opportunities and employment
- Our environment is protected and improved, so that more people enjoy it, care for it and are active in it
- Stronger, cohesive, more confident communities in which people feel safe, welcome and connected

The challenges we face are significant and unprecedented, but we are excited about the opportunities to work together with local people to transform health in Bolton ensuring that services which affect our health come together to make the lives of local people better.

1. Purpose and Background

1.1 Purpose

This is Bolton's Health and Care Locality Plan for 2020– 2024. It sets out our aspiration to improve and reform our health and social care system as part of our wider Bolton Vision 2030 and as part of our Public Service Reform intentions. Our refreshed plan supports the Greater Manchester Health and Social Care Prospectus which provides a response to the NHS Long Term Plan Commitments. Our plan is also aligned to the GM Unified Model of Public Services.

In 2016 Bolton's Locality Plan set out how Bolton would transform health and care services over five years. The Plan focused on transforming the way we delivered health and care including shifting care closer to home where possible; making better connections between existing services, building on community assets and developing an effective workforce that worked with individuals to create better health outcomes. In 2017, Bolton received £28.8 million of Greater Manchester (GM) Transformation funding which helped our health and care partnership to accelerate changes set out in the Locality Plan and test new approaches.

Over the past three years, we have progressed and have begun to shift some of our more challenging outcomes including areas such as the rate of falls. However, there is recognition across Greater Manchester as well as locally, that we need to now move to develop an approach that will collaborate with all key services which affect people's wellbeing, including housing, education, good employment and to ensure there is a unified approach to changing services to improve people's outcomes in Bolton. Our plan describes how we address these challenges together, to move towards a place based person centred approach to health and care

1.2 National and Greater Manchester context

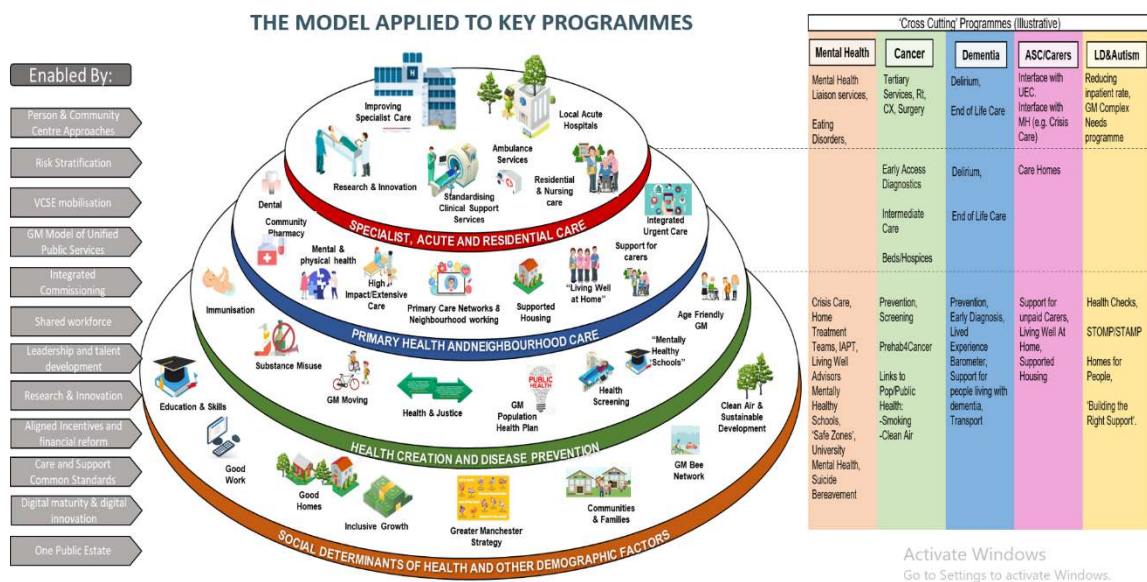
To address the prolonged challenges that the health and care system face, there is a clear move to drive the integration of services at a local and neighbourhood level as set out in the government's NHS Long Term Plan and Forward View and enshrined within the recent Greater Manchester Unified Model of Public Services and Greater Manchester Health and Social Care Partnership's Prospectus. The NHS Long Term Plan made it clear that there will be Integrated Care Systems (ICS) across all localities defined as where a local partnership between Council, NHS organisations and others take collective responsibility for managing resources, delivering NHS standards and improving population health. The GM system, which sets the blueprint for the 10 localities, is aligned to this national approach as follows:

- Move to an LCO (known as the Integrated Care Partnership (ICP in Bolton) in each of GM's 10 localities which provides integrated services based on a neighbourhood model of care. These neighbourhoods are based on improving the health and wellbeing of populations of 30-50,000 and have Primary Care Networks at their core.

- New model of provision meaning that GM hospitals work together to provide consistent quality standards at scale.
- Pooled Health and Social Care resources managed through a single commissioning function in all 10 GM areas.
- GM wide architecture operating on a pan Greater Manchester basis, where this is appropriate, such as Commissioning Hub and One Public Estates.
- As part of wider Public Service Reform and the GM Unified Model of Public Services, GM is converging the twin tracks of health and care reform and ICS development and wider reform of services such employment, criminal justice, housing etc to deliver a comprehensive population health system which joins up planning and delivery of all public services. It is underpinned by an ethos of 'doing with' people rather than 'doing to' and sees people and communities' inherent strengths and resources instead of their deficits.

The model of care emerging through GM and within localities provides a platform for the delivery of GM and NHS Long Term Plan ambitions and is displayed in the figure below. Bolton's Model of Care diagram at Section 3.2 directly aligns to this model.

Greater Manchester Model of Care



While each area has agreed to deliver on these ambitions, each locality, including Bolton, has its own way of delivering these commitments that meet the needs of the place. This refreshed

plan sets out Bolton's approach to delivering on these commitments and therefore the requirements of the NHS Long Term Plan.

1.3 Background and progress to date

To date, the most significant change to Bolton's way of working has been a much closer partnership between how health and care partners work together to enable fundamental changes to how we plan, deliver and buy health services as part of our ICS. In July, 2018 recognising the significant health challenges Bolton faces and the increased demands on our services, Bolton Council, CCG and Foundation Trust committed to change the way we deliver services, and have since been working together to improve residents' health and wellbeing through the Bolton Health and Care Partnership. People and communities are at the heart of this approach and we are committed to a collaborative and strengths based approach. There are two main elements of our Partnership:

- A single Strategic Commissioning Function (SCF) which brings together our health and care commissioning teams and the commissioning budgets of Bolton Council and Bolton CCG. By having one single commissioning strategy, we are able to share knowledge, skills and competence, jointly commission services, co-design services and ultimately reduce duplication, enable better value for money, identify gaps in provision, spend more on prevention and ultimately improve outcomes for our residents.
- Our Integrated Care Partnership (ICP) which brings together our community health services, mental health, social care and GP services alongside the community voluntary sector and wider services including housing and policing. The focus of the ICP is for these providers to work together to offer co-ordinated care closer to people's homes; tailored to people and their communities' unique needs and enabling people to 'tell their story once.'

Since last year, the Integrated Care Partnership has been operating in shadow form as a cross sector group of providers developing Bolton's model for health, care and prevention in neighbourhoods and drawing on this to develop Bolton ICP's future organisational structure. Running in tandem, the SCF have also worked closely with partners to agree the outcomes we want to see; the financial envelope set between the Council and CCG to enable integrated services in neighbourhoods and taking joint decisions on an adult health and social care pooled budget.

1.4 Plans for the future

Our approach represents a unique opportunity to simultaneously deliver a model of place-based care whilst also making best use of the Bolton pound by reducing duplication of effort and pooling resources. It is a whole system approach which aims to co-ordinate neighbourhood models of working between health and care and key public services including housing, criminal justice, welfare and education. Recognising that if we are to shift the dial on

enduring health inequalities in our communities our model needs to include all key place based services.

Our people live in communities and expect all services to support them to be their best. They do not make the distinction between services or organisations operating in a neighbourhood.

Over the next year we are committed to accelerating our approach to health and care by:

- Changing the way we deliver services and working differently with our communities
- Establishing integrated multiagency Neighbourhood Teams with a single vision, one team and line management in place
- Agreeing future form of Commissioning in Bolton including a Commissioning Strategy for Outcomes which makes best use of the Bolton pound
- Agreeing an Integrated Care Partnership Business Plan which establishes the delivery vehicle or entity which will deliver one model of integrated health and care.
- Repurposed Health and Wellbeing Board (Active, Connected and Prosperous Board) with a clear focus on priority issues for Bolton including tackling inequalities.
- Delivering a refreshed communications and involvement plan.
- A place-based Single Outcomes Framework implemented, including outcomes specific for each of the nine neighbourhoods
- A Digital First Transformation action plan put in place
- Establishing a strong narrative, understanding of and implementing asset based approaches alongside a clear social prescribing model.

Our partnership and ambition marks a point of departure for Bolton because there will be:

- One vision and approach to planning and delivering services
- A pledge to working differently with our communities
- One approach to commissioning for neighbourhood outcomes with single financial envelope and monitoring arrangements
- Health and care neighbourhood teams delivering services with the voluntary sector, housing, criminal justice and other critical services in a place to meet the needs of our people and communities. They will work as one team with one vision and operating principles
- One point of access for health and care in Bolton beginning with the key principle of 'no wrong front door' when it comes to accessing services.
- Primary Care at the core of the neighbourhood model aligned to the GP contract.
- Conversations with people that focus on personal strengths and which connects them to their community.
- Participation through partnerships, communities and networks

Through our model of care and support, we will ensure that people who need care and support are able to access this closer to home -out of hospitals and connected to the community they live in. We all want to live healthy lives, and by enabling positive conditions for healthy communities we will work together to prevent people becoming ill through preventable causes.

2. Our challenges

Bolton's health inequalities and financial pressures make a compelling case of the need to work differently together.

2.1. Health and wellbeing outcomes

Quality of life in some areas is good, but there are enduring poor levels of health and wellbeing and multiple health conditions in many of our communities. There are significant differences between the health of people depending on where they live. The health and wellbeing of Bolton residents is described in Bolton's Joint Strategic Needs Assessment. Below are some of the key health and wellbeing challenges we face:

- Bolton has a growing and changing resident population, which will reach 300,000 over the next decade, with increasing numbers of both older people and those living with complex long-term conditions. It is recognised that the GP registered list of patients is already exceeding this figure.
- The health of people in Bolton is varied compared with the England average. Over the past 20 years, life expectancy has improved at a faster than average rate and Bolton is now in line with the North West average. However, the improving trend has stalled in recent years. People in Bolton continue to have poorer health and outcomes and use more acute hospital services than the national average.
- When people are living longer, they are not necessarily doing so in good health- in Bolton the number of years a person is expected to live not in good health is 15 years for men and 22 years for women. This means demand for services is predicted to increase for example, the number of people aged 65 and over living with dementia is expected to grow by 35.9% to 4,203 in 2025.
- There is substantial inequality within Bolton, such as life expectancy between the most and least healthy wards. For example, a baby boy born to parents living in Bromley Cross, is likely to live 10 years longer than a boy born to parents living in Halliwell.
- Bolton sees higher than average levels of alcohol related harm, smoking related deaths, and hip fractures in older people, more deaths from drug misuse and more hospitalisation for self-harm.
- Bolton adults are less likely to be physically active than people elsewhere in England and 1 in 5 children who start primary school are overweight or obese.

- Bolton has more mothers who smoke at time of delivery and fewer women who breastfeed.
- Bolton has higher than average rates of adult admission into long term care than comparator areas with significant numbers of adults receiving care at home

Alongside this demographic challenge, like all health and social care economies, Bolton faces significant financial challenges despite each organisation delivering sizeable cost improvement and efficiency programmes over recent years.

2.2 Financial position

Bolton like many other health and care economies, faces an extremely challenging trajectory of growing demand and contracting resources. Even when additional investment from the government is factored into calculations, the pressures Bolton health partners are facing in the future outstrip the funding received. Services are already facing unprecedented financial pressure, with each organisation implementing planned cost improvement programmes. The scale of financial challenges cannot be addressed by the current way of working.

We therefore recognise that radical changes are needed to the way we plan and deliver services. The role of the Strategic Commissioning Function and Integrated Care Partnership will be critical to making the best use of resources available working together to integrate services and deliver the transformational changes required to both improve people's experiences of services and ensure cost savings are met. We cannot shift costs between partners and instead need to see the system as one, making financial and human resources decisions together. A strong focus on prevention will also be important to both improve the life chances of Bolton people but also, in the long term, to move towards a sustainable health and care economy.

3. Vision, approach and improving outcomes

3.1 Our Vision

All partners in Bolton's integrated health and care system are passionate about improving both the services people experience, and the outcomes for Bolton's ever changing population. We have a shared Bolton Vision for a healthier place and people as set out in our Vision, 2030

“Bolton will be a vibrant place built on strong cohesive communities, successful businesses and healthy, engaged residents. It will be a welcoming place where people choose to study, work, invest and put down roots. We want our people and our place to prosper and we will make this happen by driving inclusive growth and reforming our services, in partnership, to promote wellbeing for all”

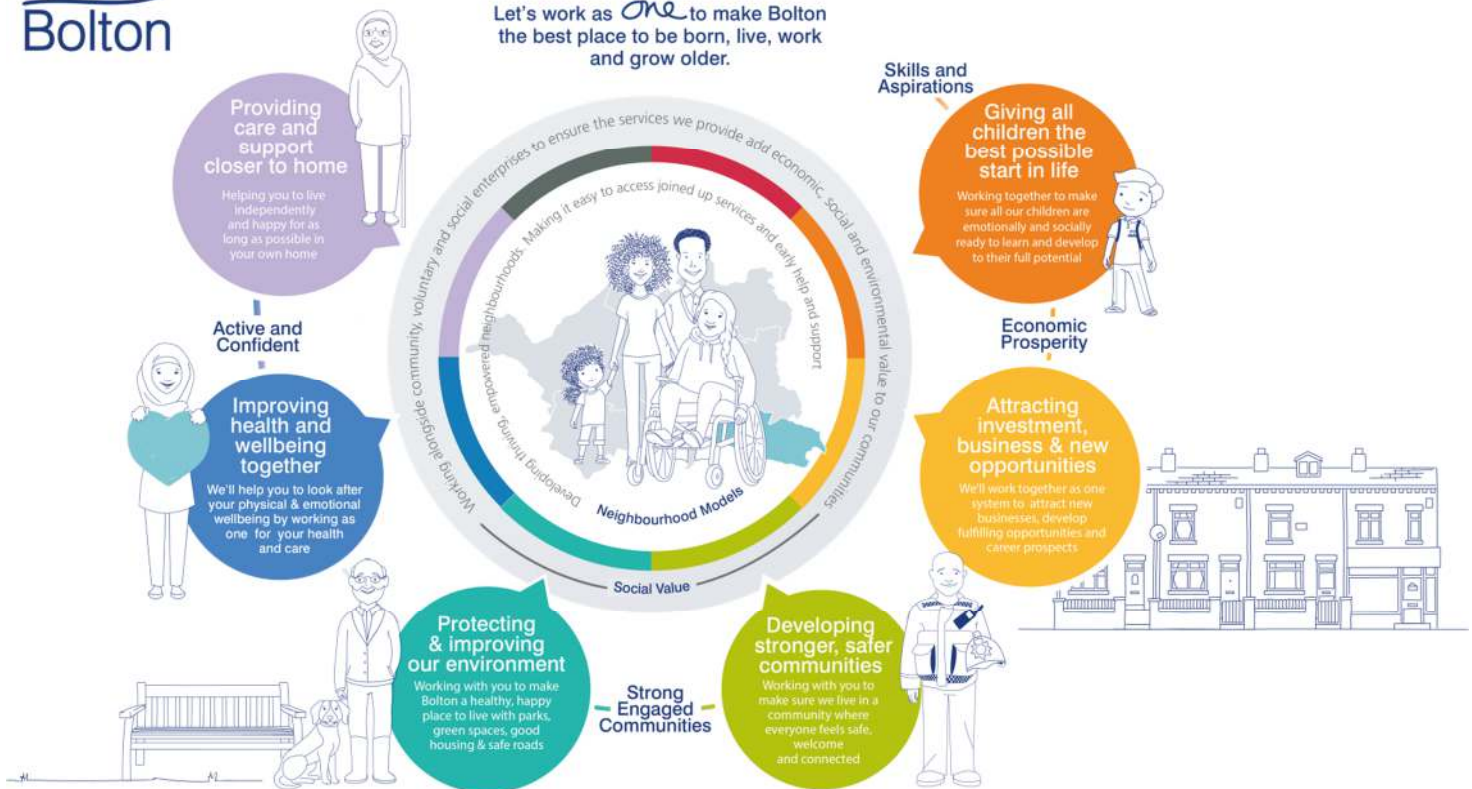
Our shared vision is to work together to design and deliver a very different approach to health and care to make tangible improvements for all local people. Bolton has intractable health inequalities which are inextricably linked to social determinants of health such as education, housing and our communities. We cannot shift health outcomes without working closely with these services and local people. We want our shared future to be one where Bolton people are involved in their own health and wellbeing and supported to stay well for as long as possible. If they need care this will be delivered as close to home as possible.

3.2 Our approach and model of care

Core to Bolton's model of care is the philosophy of health, care and wider public services working together to promote and support independence, utilising statutory, voluntary and community assets, and where appropriate, independent sector services to deliver the right care, in the right place at the right time. Our ambition is to move to an all age, prevention focussed model of care which operates on the principles of putting people at the heart of what we do, supporting them to be in control of their own care and recognising that what makes people well often spans beyond health and care services and includes factors such as education, housing and community connectedness. We therefore are committed to shifting from a medical model of tackling inequalities and illness towards a model of care which recognises and draws on the impact of people's environment and draws on their own resources. The below diagram visualises this approach showing how the health care system in Bolton will work closely with a wide range of services to improve health and wellbeing and aligns to the GM Model of Care.

Let's work together to stay connected in our communities, stay involved in our health & wellbeing and stay well for longer in our own homes.

Let's work as *one* to make Bolton the best place to be born, live, work and grow older.



3.3 Single Outcomes Framework

Given the need for a single approach to transforming Bolton’s health and social outcomes, a Single Outcomes Framework is being developed to set out the outcomes we all want to achieve for the town in the next decade. This is with the aim of improving the health and wellbeing of the population, reducing inequalities and to enable a sustainable system.

Commissioners and providers are moving to a new way of working through the development of the Strategic Commissioning Function and Integrated Care Partnership. This will focus on improving outcomes by adopting a preventative place based approach to health and care which is person centred and draws on the strengths of local communities. The use of the Single Outcomes Framework will support this system change moving away from an activity and process approach to focus on outcomes for people. The Framework will inform commissioning priorities and the performance management of the health and care system. However, it will also be used by wider partners such as the voluntary sector, housing and police to focus activities and investment on evidence based approaches to affect the high level indicators. Agreeing the Framework is a key step in moving towards an outcomes-based commissioning model, with a single budget for clearly defined populations that rewards outcomes and not activity, promotes earlier investment and reduces duplication across the health and care system. It also supports providers to work collaboratively together to achieve common goals.

Our Vision	In 2030, we want Bolton to be a vibrant place built on strong cohesive communities, successful businesses and healthy, engaged residents. It will be a welcoming place where people choose to study, work, invest and put down roots					
Core Principles:	<p style="text-align: center;">Core Principles:</p> <ul style="list-style-type: none"> • Driving inclusive growth and prosperity for all - we want everyone in the Borough • to be a part of a thriving economy and to reap the rewards of their contribution • Protecting the most vulnerable in our society, particularly children and the elderly • Working in partnership to design and deliver services which meet the needs of our residents, and make the best use of resources which we have 					
Outcomes	A - Our children get the best start in life, so that they have every chance to succeed and be happy	B - The health and wellbeing of our residents is improved, so that they can live healthy, fulfilling lives for longer	C - People in Bolton stay healthier for longer, and feel more connected with their communities	D - Businesses and investment are attracted to the Borough, matching our workforce's skills with modern opportunities and employment	E -Our environment is protected and improved, so that more people enjoy it, care for it and are active in it	F - Stronger, cohesive, more confident communities in which people feel safe, welcome and connected
Underpinning Measures	A/B 1 -Reduced number of children and families living in poverty		C1 Reduced proportion of people who report feeling socially isolated	D1 Increased proportion of people who live in Bolton in local employment	E1 Improved air quality	F1 Increased number of people engaged in local volunteering
	A2- Increased proportion of children achieving a good level of development at Early Years Foundation Stage	B 2- Reduced proportion of people living with one or more long term conditions	C2 Increased training places which are linked to employment opportunities	D2 Improved local public transport services	E2 Improved local public transport services	F2 Increased proportion of local residents who report feeling connected to their community
	A3- Increased proportion of young people attaining average 8 attainment scores in GCSEs	B3- Increased proportion of adults who report emotional wellbeing and resilience	C3 Increased number of active businesses in Bolton	D3 Increased walking and cycling routes	E3 Increased walking and cycling routes	F3 Increased proportion of residents who feel safe in their community

A4- Reduced number of Fixed Term and Permanent Exclusions	B4- Improved proportion of adults who are physically healthy (prevent instances of poor diet, lack of physical activity, smoking, substance abuse)	C4 Reduced proportion of admissions to long term care with increased proportion of people living independently at home for longer	D4 Increased accessible green spaces	E4 Increased accessible green spaces	F4 Increased participation of residents in cultural and sporting activities
A5-Reduced number of first time entrants to the Youth Justice System	B5- Increased proportion of carers receiving self-directed support and reporting satisfaction with services	C5 Reduced emergency admissions to hospital		E5 Increased recycling rates	
A6- Reduced rate of Looked After Children	B6- Increased proportion of people with a Learning Disability in employment	C6 Increased proportion of people who return to living independently following a hospital admission			
A7 Improved attainment of children with SEND and Looked After Children		C7 Reduced Delayed Transfers of Care from hospital			
A8- Increased proportion of children and young people who report emotional wellbeing and resilience					
A9- Reduced proportion of children and young people classified as obese					
A10- Reduced stillbirths and infant mortality					

	A11- Reduced proportion of children not in education, employment or training (NEET)					
What matters to me	<ul style="list-style-type: none"> • Me and my family are listened to and I only have to tell my story once. • I am supported to understand my choices and achieve my goals • I feel more in control of my own health and wellbeing • I live the life I want to live to the best of my ability • I'm more connected to what is happening in my community • I know who is coordinating my care • My carer/family have their needs recognised and are given support 					



The Underpinning Measures shared as part of this Locality Plan are currently in development. Outcomes A-C are being finalised across health and care partners with the remaining areas subject to further development by Bolton Vision partners. There are a range of underpinning programmes and action plans which support delivery of the measures and the overall outcomes.

These outcomes will be at the core of all aspects of the new health and care system, from setting the strategic context through which the Single Commissioning Function (SCF) will commission services, through to the Integrated Care Partnership, where the outcomes framework will be used to hold the providers to account on their activity and performance.

If we make the change required, our workforce will say:

- We operate as one team
- I understand what other staff and services do and how it links to my work
- I understand what's happening in my neighbourhood
- We can make decisions at a local level and move resources around
- I can access my IT recording system remotely and can share information (where appropriate) across the neighbourhood
- I promote the values and behaviours of the Integrated Care System

An effective, collective governance structure is essential to delivering on our ambitions and making the connections between some of most complex issues. Key to this has been the redesign of Bolton's Health and Wellbeing Board (Active, Connected and Prosperous Board) which has undergone significant redesign to sharpen its focus on local health and wellbeing priorities. These priorities will be clearly aligned to the Vision 2030 outcomes and Marmot Principles, underpinned and informed by a comprehensive Joint Strategic Needs Assessment. A refreshed Joint Health and Wellbeing Strategy planned and co-designed with partners and residents will deliver these priorities taking a whole system, all age approach.

4. Core Themes

4.1 Prevention and Early Intervention

In order to keep healthy and have positive wellbeing we need to look wider than health and care services. It is well evidenced that our education, employment, financial stability and where we live have the greatest impact on our health and wellbeing, which we often call the 'social determinants of health'. It is important to consider a place-based approach to health and wellbeing because there is a greater recognition of the importance of places and communities in which we live and work in, and the importance social relationships and community networks have, including on mental health and wellbeing. Our residents experience poorer health outcomes than the national average and of greatest concern, is the inequalities that are seen across Bolton with more disadvantaged communities experiencing poorer health than more affluent areas. To address these inequalities and reduce such inequity, we need to develop a place based approach to health and wellbeing which focusses on the social determinants of health in addition to ensuring we have good quality health and social care and enabling people to live disease-free and disability-free for longer thereby preventing avoidable illnesses, reducing hospital admissions and improving quality of life.

Investing in prevention and embedding prevention in all our services, including but not limited to health and care, is crucial to ensuring the wellbeing of our community and the sustainability of services. A common definition of prevention and shared understanding of Bolton's approach which spans the life course and shows the spectrum of prevention activity is critical as this will underpin and enable our model of care for neighbourhoods. Prevention is often described as:

- **Primary Prevention:** Aims to prevent disease or injury before it occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur. Examples include:
 - Legislation and enforcement to ban or control the use of hazardous products (e.g. asbestos; smoke free places) or to mandate safe and healthy practices (e.g. use of seatbelts and bike helmets).
 - Education about healthy and safe habits (e.g. eating well, exercising regularly, not smoking).
 - Immunization against infectious diseases
- **Secondary Prevention:** Aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programmes to return people to their original health and function to prevent long-term problems. Examples include:
 - Regular exams and screening tests to detect disease in its earliest stages (e.g. screening tests).
 - Diet and exercise programmes to prevent further heart attacks or stroke
 - Suitably modified work so injured or ill workers can return safely to work

Tertiary Prevention: Aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy. Examples include:

- Cardiac or stroke rehabilitation programs, chronic disease management programs (e.g. for diabetes, arthritis, depression, etc.)
- Support groups that allow members to share strategies for living well
- Vocational rehabilitation programmes to retrain workers for new jobs when they have recovered as much as possible.

In Bolton, we want to create an environment where healthy options are the norm; take a place based approach and reach out to the whole of society so that we improve the health and wellbeing of our communities. We want to create environments where social mobilisation is supported and nurtured, where we create the space and opportunities for movements to flourish and truly listen to our communities and work together to involve and work with them.

We want Bolton to be a place where we create healthy settings in which we will and work, so that we build physical activity and healthy eating options into our lives on a daily basis, embedding the five ways to wellbeing (giving, take notice, being active, learning, being connected), where we enable staff to be healthy with a strong and positive wellbeing, which is grounded in our values and behaviours.



Our health is shaped by a range of factors and the evidence is compelling that the social determinants of health such as education, work and housing have the most impact, followed by our lifestyles and health behaviours and the health and care system. There is also now greater recognition of the importance of places and communities we live and work in, and the impact of social relationships and community networks including on mental health. Bolton lags behind England averages on health outcomes and progress in recent years has stalled.

To shift the dial on these inequalities we need to develop a place based approach to health which focusses on promoting wellbeing and preventing the instances of ill health.

Investing in and embedding prevention in all our services, including but not limited to health and care, is crucial to ensuring the wellbeing of our community and the sustainability of services. A common definition of prevention and shared understanding of Bolton's approach which spans the life course and shows the spectrum of prevention activity is critical as this will underpin and enable our model of care for neighbourhoods.

Bolton's aim is to create the conditions for healthy communities of place and identity as set out in our Vision 2030. We are committed to taking an all age approach to prevention. This will be developed by our repurposed Health and Wellbeing Board (Active, Connected and Prosperous Board) whose priorities will be clearly aligned to the Vision 2030 outcomes and Marmot Principles building a 'prevention first' approach. This will mean identifying and understanding the complex interactions between the environment and the individual and the impact this can have on health outcomes. By scaling up whole systems approaches to tackle 'wicked issues' such as childhood obesity or violence prevention, we can create solutions that balance the prevention of poor health with the detection and treatment of illness.

4.2 Mental Wellbeing

In Bolton we want to achieve good mental health and emotional wellbeing for all, enabling all who live and work in Bolton to thrive and flourish, and be resilient when facing life's challenges. We will do this by developing a Prevention Plan for Better Mental Health in Bolton that is focused on preventing mental health problems and promoting good mental health. We will take action to reduce stigma and normalise the promotion of good mental health, focusing on community assets and strengths, and the reduction of inequalities in mental wellbeing. Recognising the importance of the wider determinants of mental health we will build alliances and support for action on the wider determinants and structural barriers to mental health, including economic wellbeing, skills, aspirations, housing and education.

We recognise that good mental health is vital to physical health and quality of life and is shaped by the environment and circumstances in which we are born, grow, live and work. This gives a wide scope for action to support mental wellbeing. We also understand that improved mental health protects against mental illness, or can mitigate its effects, and the promotion of mental wellbeing has the potential to benefit everyone, whatever their mental health experience.

We will engage Bolton's diverse communities, service providers, employers, voluntary and community organisations in developing a local prevention-focused approach. We will embed mental wellbeing in policy and delivery across locality programmes, including the opportunity to embed mental wellbeing within the emerging model for neighbourhoods.

In Bolton we will take the opportunity to fully commit to the Public Health England (PHE) Prevention Concordat for Better Mental Health and to align our efforts with the Greater Manchester Mental Wellbeing programme. Organisations and systems across Greater

Manchester are now coming together to make prevention a priority for mental health, creating a social movement designed to enable us all to better understand our own and others mental wellbeing, and to take everyday actions to promote and maintain it.

Bolton’s Public Health Annual Report 2017 focused on the health and wellbeing benefits of good quality work, and also emphasised the importance of conditions of work, recommending that local public services should lead the way in fair employment, decent working conditions and job security, providing opportunities for local people (in particular for those living in more deprived areas), and providing extra opportunities for vulnerable groups, such as older people, those with mental health difficulties, and those with learning disabilities¹. The Annual Report identified mental illness and musculoskeletal (MSK) conditions as the biggest barriers to employment for working age people in Bolton.



Good work

“ Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers can and should take steps to achieve. ”

Duncan Selbie
Chief executive
Public Health England

For work to support a healthy life it should:

Pay fairly and offer lasting security	Ensure good working conditions	Enable a good work life balance	Provide training and opportunities to progress
			

Healthy settings is one key way in which we look to promote mental wellbeing where we will work with public sector organisations and their workforce including those working in neighbourhoods to co-ordinate activity-based wellbeing initiatives, as well as setting the direction for strategic and organisational culture work around working conditions, training and development, and work-life balance. Potential approaches being explored include:

- Culture change - ensuring health and wellbeing is part of the culture of all development opportunities, particularly for managers, including training in restorative practice approaches, becoming an ACE (Adverse Childhood Experiences) informed organisations
- Working practices and work/life balance. Supporting managers to enable flexible working opportunities volunteering, mentoring and coaching opportunities

¹ Bolton Council (2017), *Bolton Public Health Annual Report 2017*. Available at: <https://www.democracy.bolton.gov.uk/CMIS5/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=QWAARJnlH7JJqrM3ZcAchUWA6JcZWBaFJSjzgC5FpgE5CH2ByfVGBQ%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8LW%3D%3D=pwRE6AGJFLDNh225F5QMaQWctPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfxSDGW9IXnlG%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJff55vVA%3D&FgPIIEJYlotS%2BYGoBi5oIA%3D%3D=NHdURQburHA%3D&d9QijOag1Pd993jsyOJqFvmyB7X0CSQK=ctNJff55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJff55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJff55vVA%3D>

- Campaigns and initiatives e.g. links to domestic violence campaigns and raising the profile of travel to work initiatives.

Our Prevention approach will take a whole population approach, addressing needs across the life course, strengthening the mental health literacy of individuals and communities. The plan will encompass suicide prevention and targeted prevention with those at higher risk of poor mental health. Through building capacity to prevent mental ill health and promote mental wellbeing it is expected that we will better manage demand on specialist services, ensuring there is timely access for those who need them.

The key steps we will take to mobilise our efforts to promote mental wellbeing are:

- To establish effective leadership and governance, enabling genuine engagement with stakeholders, including residents, communities and those with lived experience
- To fully understand Bolton's needs, assets and population variations in mental wellbeing, developing this aspect of the JSNA
- To develop a place-based and evidence informed Prevention Plan to make the Prevention Concordat a reality in Bolton, informing commissioning strategies, operational plans and building capacity and capability within communities and the workforce across VCSE, public and private sectors
- To ensure that Bolton benefits from the GM Mental Health Programme Board investment in:
 - the GM Connect 5 and Connect 5+ model, a proactive, preventative strategy to build resilience and wellbeing, through an upskilled and well-equipped VCSE and wider workforce. An approach that aims to transform the conversation around mental wellbeing through scaled up, universal implementation, with inclusion of targeted delivery in groups or areas with higher risk or prevalence of low mental wellbeing.
 - the GM Digital Mental Wellbeing Offer, offering wellbeing content and resources with a strong evidence-base, empowering citizen to take charge and control of their mental wellbeing, sharing strategies that promote awareness and skills such as mindfulness and cognitive behavioural therapy (CBT).
 - To ensure that Bolton benefits from the Health Education England investment in a North West Connect 5 programme to build the capability of the wider health, social care and public sector workforce in mental wellbeing promotion
 - To ensure mental wellbeing is embedded across all programmes and services, including Start, Live and Age well programmes; the Vision/Health and Wellbeing Strategy and key all-age programmes focused on social prescribing, violence prevention, ACEs, trauma informed communities (etc)
 - To agree a wellbeing indicator/evaluation framework to measure our success, including the reduction of inequalities in mental wellbeing.

4.3 Our Communities: Doing things differently in Bolton

We know that to keep people healthy they need more than medical interventions and that a healthy environment which is connected to their local community helps people to lead happy, independent lives for longer.

As partners who deliver services to the public in Bolton, we are committed to getting the best outcomes for our residents. There is a borough wide commitment to seeing the whole person in front of us in everything that we do. We want residents to influence and shape what's happening. We want people to be recognised for their potential in Bolton and focus on their strengths.

There is a need to move beyond the engagement principles established through the 2016 Locality Plan and commit to true co-design and co-production principles across the whole commissioning cycle and in every decision made that is funded through the public purse. Bolton has established a range of pilot programmes that provide the opportunity for residents to influence decision making. The future commitment through this Locality Plan is to put our trust in communities to be around the table to guide all decision making.

How will we do this:

- All conversations will start with the question; 'how are you?'
- Commissioning will be driven by the outcomes that local people want to see and that carry the same weighting as clinical and other statutory defined outcomes.
- All commissioning activities will need to have the voice of residents evidenced and effectively involved from the outset. Every commissioning decision will involve people with lived experience of the issue.
- All Lived Experience Panel members will be trained and reimbursed for their time.
- All staff and volunteers will have access to the same 'asset based' localised training which will be commissioned and funded across the system.
- Every publicly funded service in Bolton will commit to the 'No Wrong Door' approach
- Social Value will be at the heart of every decision; how can we get the best return for our residents, our place and our communities.
- Budgets will be devolved to the neighbourhood level, where appropriate and financial balance will be viewed alongside social impact.
- The wider determinants of wellbeing and health will be a priority for all
- Bolton's workforce and volunteer-force will consider what we need for the future, not focussed on current demand.
- Bolton will strive to be a Living Wage borough

47,000 volunteers are donating 113,500 hours of their time to support community activity in our town. We need to continue to support and work collaboratively with our VCSE partners recognising their key role in reaching, connecting and developing trust within our communities.

4.4 Workforce development and culture

We are developing a new way of working which necessitates service integration and greater coordination and therefore a deeper process of organisational and people development. We want to work with our people from senior leaders to our front-line staff to provide care across organisational boundaries operating as one team working for Bolton people.

To support this aim we will work to one set of values and behaviours across Bolton from our front lines staff to our leaders, from clinicians to politicians. We have agreed the following values and behaviours in Bolton which we are committed to and will be embedded in our recruitment and development processes:



We are good, honest people -
We are friendly and approachable.
The conversations we have are always compassionate and caring delivering the best outcomes.

We are 'one' community -
We work together to put the person at the centre of everything we do.
Creating a happier, healthier more engaged community.

We are bold -
We are determined to make a difference being brave and inspiring.

We empower everyone
We respect each other and listen. Every single voice is equal and matters.

We are one team...

In addition to building the right values and behaviours we also have challenges in skills levels, recruitment and retention and workforce capacity. A skilled workforce working as one team which understands and responds to the people and place it serves is critical to us achieving our model of care. Our people are the residents of Bolton. Providing positive and supportive career and development opportunities coupled with health, wellbeing and social value opportunities will also enable us to really empower our people to live well, stay well and work well.

Bolton's developing workforce strategy will directly align with key national, GM and local approaches. We will develop a detailed co-designed workforce and OD strategic plan which

supports our ambitions for Bolton and is aligned with the GM Workforce Strategy. Our staff will be enabled to have a ‘different conversation’ with local people. One that sees the whole person and puts them at the heart of everything we do. To do this, we are committed to creating the conditions to do this including reviewing policy, practices, assessments and organisational form to allow staff to work in this new way. We will enable them to focus on prevention and early intervention supporting people to connect to their community.

In order to deliver improved outcomes for local people we are committed to working to deliver the following priority areas:

1	Talent Development and System Leadership Pro-actively invest in nurturing the skills and competencies of our workforce		2	Grow our own future workforce Widening access for and accelerating talent development across a range of new and existing roles	
	To do this we will:	Develop system wide leadership programme to develop the competencies and capabilities to lead integrated services. Implement the GM development for carers and volunteers recognising and valuing their role within the Bolton locality.		To do this we will:	We will work closely with the Bolton College of Medical Sciences to influence the skills gaps within the system. Review and develop a locality approach to utilising apprentices and the associated levy, ensuring there is a clear career path identified for all.
3	Workforce redesign to support new models of care Ensure innovation workforce solutions are developed to support new models of care.		4	OD, Culture & Behaviours Creating an integrated system through systematic OD interventions and behaviour change work to create the desired culture.	
	To do this we will:	Conduct workforce planning to support service re-design utilising new roles to achieve full integration. Establish neighbourhood integrated structures and teams, ensuring there is the correct skill mix and appropriate professional and clinical leadership.		To do this we will:	Create the space for staff to build locality wide relationships to drive integrated working, innovation and culture change. Work with the workforce to develop an outward mind-set and strengths-based approach to working with Bolton citizens.
5	Employment offer and brand Develop an offer and brand that makes Bolton locality the employer of choice for Bolton citizens.		6	Developing the primary care workforce Developing strong workforce links and relationship with primary care and primary care networks.	
	To do this we will:	Develop a consistent approach to locality workforce attraction Develop a locality values proposition and brand to enable Bolton to become a locality of choice for employment.		To do this we will:	To work with Primary Care networks to develop consistent locality approaches and changes in mind-set Support the development of skills within the primary care workforce to support the core principle of “tell your story once”

7	Developing the health and well-being of the workforce Pro-actively work system wide to offer physical, mental health, social value, inclusion and well-being solutions to support our workforce.		8	Developing integrated workforce systems and processes Ensuring the infrastructure within the locality is a positive enabler for integration.	
	To do this we will:	Support a social value approach to volunteering within Bolton. Educate and empower the workforce that every voice (citizens and colleagues) are equal irrespective of background and differences.		To do this we will:	Review and align where possible systems, workforce policies and training. Implement the Virtual Workforce Information System (VWIS) to enable managers to manage integrated team and understand their workforce.
9	Filling difficult gaps Co-ordinate actions to address specific long term skills and capacity shortages.		10	Digital workforce Utilising digital transformation to improve the delivery of services to the citizens of Bolton and improving the workplace experience of staff.	
	To do this we will:	Review skills shortage areas to address short term needs. Develop approaches to grow long term capacity and capability for hard to recruit roles.		To do this we will:	Provide the appropriate skills to the workforce to enable them to be technically able. To develop an agile working solution for staff to working across the system without organisational boundaries.

4.5 Digital First

The greater connectivity afforded by digital technology means that there are multiple ways in which communities and organisations can participate and contribute. For many local people there is unprecedented access to digital technology and platforms creating new ways to connect and contribute to public life. It is not surprising, therefore, that over the next decade digital services will become not only the first point of contact with health and care services for many people, but also how they will choose to engage with health and care services on an on-going basis. Digital is now a core part of all our lives and it is important that we maximise its potential.

Our Digital First approach is linked to the digital innovation work taking place at a GM level and will be focused on how care and support can be transformed through the use of digital technology. The scope of this will not be focused on specific specialisms or services but will encompass health, social care and wellbeing services extending to informal care, self-care, prevention and public health. In particular, our focus will be on enabling and asking people to be in control of their own health and wellbeing by giving them better access to digital information, tools and services. In order to support this shift, we will work together to:

- Involve local people in the design of tools, technologies and services to support them

- Building on the Bolton Care Record initiated by the first Locality Plan, ensure an individual’s health and social care information is captured electronically and shared securely to assist staff and carers who need to see it to effectively plan and improve health and care services
- Ensure people have the opportunity to access and manage their own health and care information
- Enable staff to access their systems from remote locations so our workforce can work effectively in the communities they serve.

Digital is a key enabler for transformation and is a key feature in our model of care described in this plan. We will look at how ongoing digital solutions can support transformed services and look to innovate, particularly in support of prevention, people’s independence, and automating processes.

5. Integrated Care Partnership

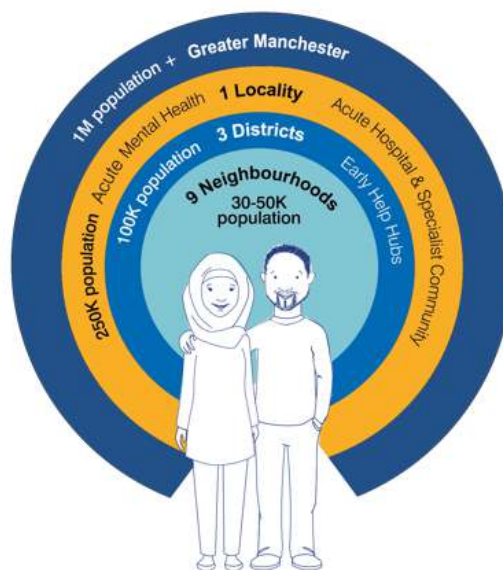
In Bolton we are developing a new model of care which is rooted in communities and where people will be at the heart of everything we do.

Bolton’s Integrated Care Partnership is critical to this vision to deliver an integrated health and care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and that enables people to stay well and live independently for as long as possible in their home. More than that, the ICP will seek to transform local services to deliver proactive care and support, focused on promoting health and wellness, rather than care and support that is solely reactive to ill health.

our vision...

“ Bolton people will be involved in their own health and wellbeing with the aim of staying well for longer and in their own homes, as part of a strong, connected and engaged community ”

The Integrated Care Partnership will enable the different providers of health and care in Bolton to work together for the benefit of local communities.



Core to the model of care is the philosophy of health, care and wider public services working together to promote and support independence, utilising statutory, voluntary and community

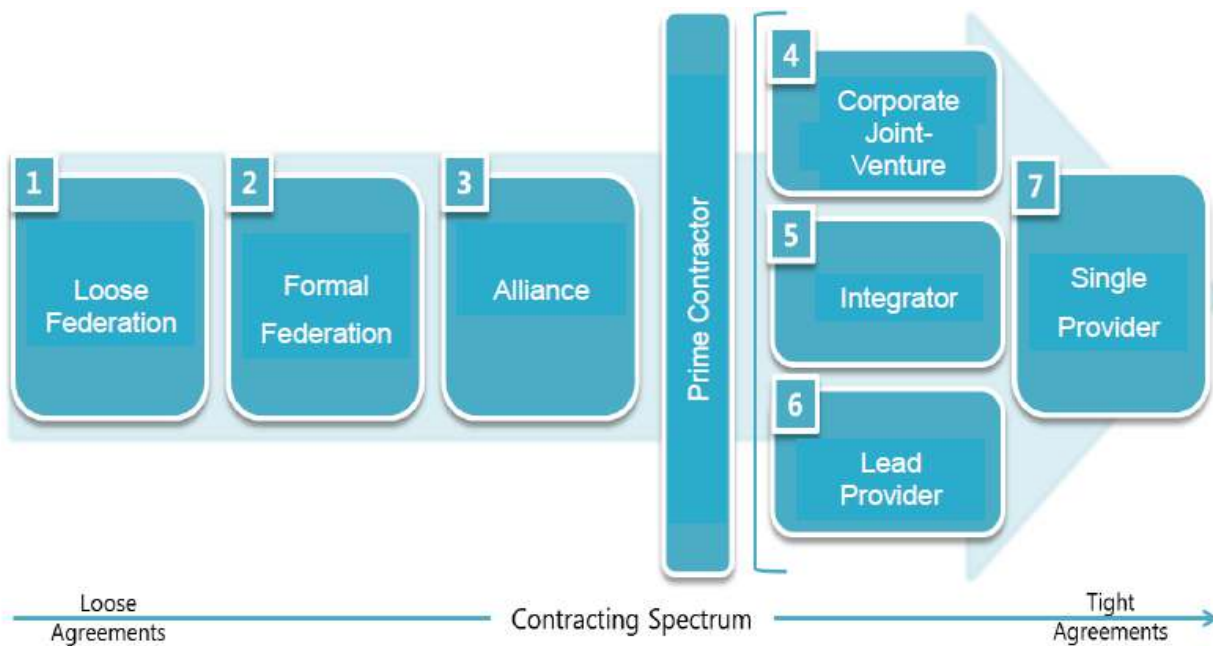
assets, and where appropriate, independent sector services to deliver the right care, in the right place at the right time.

To enable this very different model of care, the Bolton ICP have an ambitious vision for whole family and system redesign at an organisational level, seeking to work in collaboration across the health and care landscape to build and implement an innovative workforce redesign model that will enable the local economy to develop and deploy a workforce fit for the future of integrated health and care delivery across current professional boundaries. The ICP Board has engaged with its delivery partners and with service users in developing its work programme and form. This process of engagement and co-design will continue as the work programme is developed and as services become operational.

5.1 ICP Journey to date

The ICP commenced in July, 2018 as a partnership of providers with a clear vision, values and outcomes identified and formalised through a partnership agreement

The Partnership Agreement has enabled providers to develop relationships, begin coalescing delivery around a multi-agency co-designed neighbourhood model and organise the ICP around a single vision and plan. However, to enable the ICP to deliver the model of care and realise our ambitions, the ICP Board recognises the need to move to a more structured form and consequently has been considering the below options outlined below:



40

Providers through the ICP Board and in consultation with wider partners including commissioners are working through these form options to agree the vehicle that will best enable us to deliver the model of care with a view that this is agreed by all organisations by March, 2020

5.2 Neighbourhood Model

In January 2019 a Senior Change Team (SCT) a cross organizational task and finish group began developing a headline neighbourhood model. The Senior Change Team undertook the following process:



The core components of the model are co-located neighbourhood teams with a single vision, one team and line management and single holistic assessment in place. The following milestones have been delivered to achieve this:

- Team meetings in all nine neighbourhoods testing the approach. While this is predominantly health and care at this stage, the ICP is working with housing and police to consider their interface into this area.
- Readiness for integration is critical to the success of the model of care ensuring that services are already functioning productively before we bring them into an integrated offer. Work to understand, and where necessary, enhance the current state of services is underway. In particular, work with Therapy teams to understand and implement changes to reduce wait times for patients supporting a smoother transition for this service as the model mobilizes.
- Action plan in place for the first phase of co-location of neighbourhood teams including key enablers such as estates and IT.
- Mapping registered populations of primary care networks against geographical neighbourhoods to ensure 'best fit' service delivery footprints of registered and resident population.

5.3 ICP Integration Programme

Bolton ICP Board has established a Service Integration Programme to run alongside the services which will be delivered by the ICP. This will enable the ICP to transform services to deliver in a new way which is rooted in communities and where people will be at the heart of everything we do and delivering against the Single Outcomes Framework.

As the ICP moves to its next phase and agrees its delivery vehicle, it will also adopt a staged approach to transforming health and care including the neighbourhood model of care to ensure we are able to deliver a viable and sustainable model. However, a whole population and whole system approach will be part of the emerging approach from the outset. The Service Integration Programme has 5 mobilising work streams and 6 enabling work streams which underpin key areas of work and activities. In the ICP's first year of delivering integrated services the ICP will be prioritising people with (or at risk of) complex needs. This will include vulnerable adults recognising their often complex social and health needs which need a whole system joined up approach at a neighbourhood level.

These programmes have been co-created with partners from across the system and are outlined in the table below:

Our Transformation Programme - will set-out our priority activities for transformation	Our Enabling Programmes - will provide the appropriate support and infrastructure for the programme delivery:
<ul style="list-style-type: none"> • Community Empowerment / Self-Care, Prevention and Early Intervention (proactive care) we will support people to enjoy Healthy Lives in their communities. We will work with our partners to implement a social prescribing model • Neighbourhood Model Development: we will develop 9 neighbourhoods across Bolton (linked to PCNs) to deliver our Model of Care. • Specialist Roles: we will review specialist roles and develop capability of community services to create Enhanced Community based Services which support neighbourhood care • Bolton Access to Care; This will be an approach to a single point of access for people into Health and Care for enquiries, developing a culture across services of no wrong door. • Intermediate Care support people closer to home or in their community. 	<ul style="list-style-type: none"> • Finance: we will work to integrate budgets where possible and move to integrated financial governance. • Digital: we will utilise the most appropriate digital technology to support the delivery of our vision. • Workforce and Organisational Development: we will work with colleagues and communities to ensure Bolton ICP has the people capability (capacity, competence and confidence) required to meet local population needs delivered through person-centred care • Communication and Engagement: we will work together to raise awareness of the work of the Bolton promote healthy lifestyles and involve residents in shaping local service provision by listening to, learning from and responding to their experiences. • Performance and Intelligence: we will enable the Bolton ICP to make full use of all information (Financial and Pathway) to achieve its overarching outcomes and goals. • Estates: develop an Estates Strategy for Bolton ICP • Governance: ensure that Bolton ICP is developed with a foundation of good governance.

6. Commissioning for Outcomes: Strategic Commissioning Function

Since 2016 we have changed the way we plan, prioritise and buy health and care services. Integrated commissioning can help build services around people rather than around organisations to improve the experience of health and care and to make a real difference to local people's health and social outcomes. This includes supporting a managed shift towards health and care that is increasingly preventative and delivered at neighbourhood level. Bolton's Strategic Commissioning Function brings together the skills, capacity and resources of the CCG and Council teams to deliver Bolton's vision for integrated commissioning to:

- Deliver improved outcomes for local people
- Support & enable integrated neighbourhood delivery
- Base decisions on the needs & assets of local populations
- Make the best use of scarce resources
- Improve quality, safety and efficiency
- Innovate and test new ways of working but is informed by evidence and data
- Build collaboration, co-design and co-production

6.1 Progress to date

In year 1 of development of the Strategic Commissioning Function, we have made significant strides towards this vision including:

- Single Accountable Officer for Health and Care in Bolton was established. The post is accountable for the pooled commissioning programmes; provides leadership for the SCF and is accountable to the GM Partnership for the delivery of the commissioning outcomes. In Bolton, this builds on the strong history of partnership working between the Local Authority and the NHS by bringing together two leadership teams together using their skills with matrix style working as part of a wider place based system.
- Co-location of CCG and council teams began in February, 2019 as part of a phased move. The CCG's commissioning team including the CCG's Director for Transformation have moved into the Town Hall and are co-located alongside the Council's commissioning teams and wider services.
- Commissioners have worked with partners, including the Bolton Partnership Board, to set the scope and outcomes for the neighbourhood model with a focus on proactive support across the whole system of health and care connecting with the wider determinants of wellbeing.
- Established £160 million pooled budget across health and social care between the CCG and Council enabling joint reporting, greater collaborative decision making including working together to manage financial pressures.

During this time significant progress has been made on New Contracting Models ("New Ways of Working") to incentivise system working and outcome focused service delivery. The NHS Contracting and Pricing team have recognised Bolton as a leading system in this area nationally. A proposal for trialling the new incentive model has been developed and is in the

process of being engaged on with partners for inclusion in contracts from 2019/20. This will effectively align incentives with a specific focus on supporting the neighbourhoods to deliver integrated care across primary, community (health and care) and acute care to improve outcomes for their population.

6.2 Joint Commissioning Committee

Bolton's Joint Commissioning Committee² is an evolution of the previous joint commissioning arrangements building on the agreement and decision making approach established for the Better Care Fund. It has responsibility for all matters relating to the £160 million Adult Health and Social Care Pooled Budget between the Council and CCG bringing together clinical and democratic accountability.

The committee makes decisions on the design, commissioning, and overall delivery of health and care services. This is with the intention of achieving better outcomes and experiences for Bolton people and to deliver the most effective and efficient use of resources. It reports to the Bolton Partnership Board in its role overseeing the SCF and ICP development and system wide transformation.

6.3 Plan for SCF development

During the next year we are committed to increasing the pace and scale of integrated commissioning in Bolton in tandem with the development of the ICP. This includes:

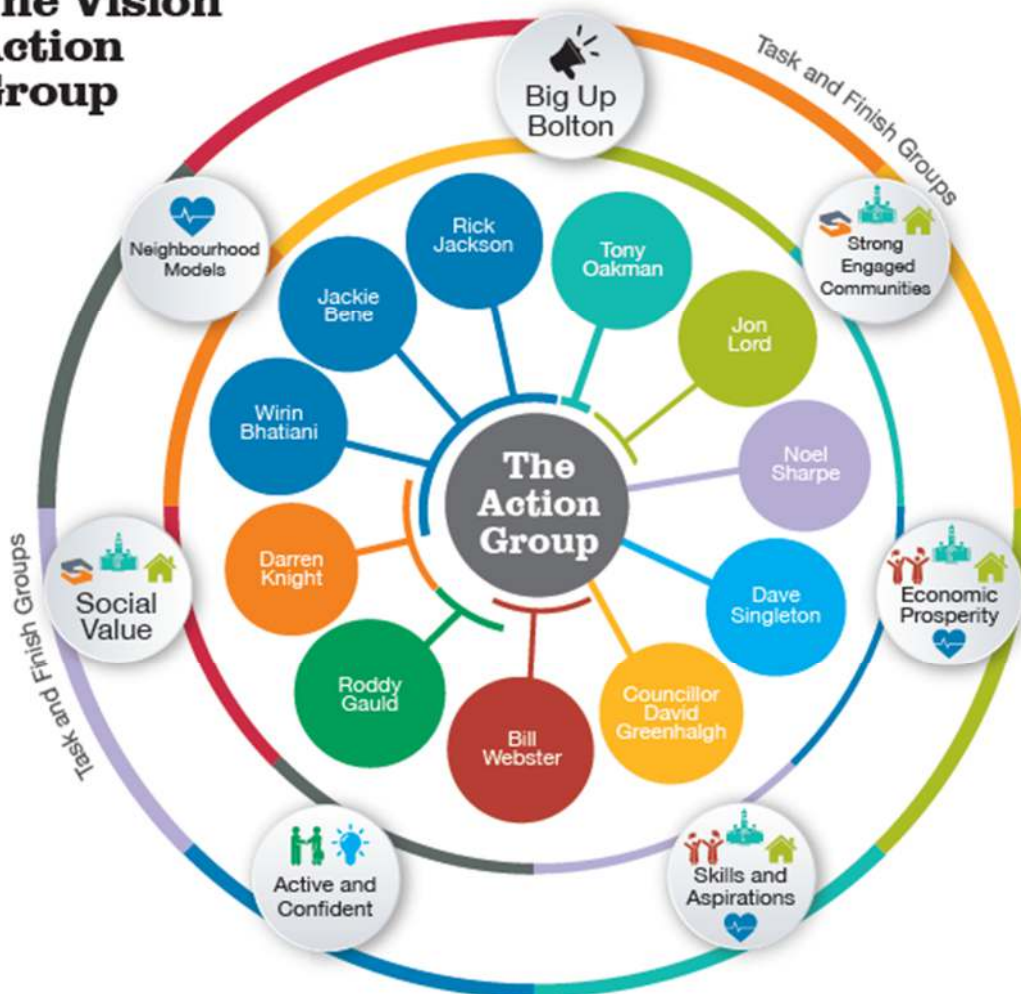
- Agreeing and implementing the future form and function of the Strategic Commissioning Function to enable us to deliver on outcome focussed commissioning which responds to population needs, supports the model of care and makes best use of the Bolton Pound.
- Develop a single three year health and care Commissioning Plan for Bolton which articulates a single voice on commissioning, acts on the Single Outcomes Framework and makes best use of resources
- Expand the existing adult health and care pooled budget to include other key service areas where joint planning and decision making can make a difference to outcomes.

² Membership of the committee is: the Chair of the CCG (Chair); The Single Accountable Officer for Health and Care; CCG Board Members; TCCG's Director of Transformation; CCG's Chief Financial Officer; Executive Member for Wellbeing (Co-chair); Executive Member for Adults; Executive Member for Children; Council's Statutory Director of Adult Social Services (Deputy Director For People Services); Council's Statutory Director of Children's Services (DCS); Council's Statutory Director of Public Health (DPH) and Council Director of Corporate Resources (Section 151 Officer)

7. System Governance

Overseeing the vision and delivery of this plan will be a diverse group of partners spanning beyond health and care providers and commissioners to representatives across the public and voluntary sector and will ensure the involvement and engagement of residents. We will use this plan to assess the progress we are making against our ambitions along with our vision and Single Outcomes Framework.

The Vision Action Group



This plan will be overseen by the Bolton Partnership Board which drives health and care transformation including the development of the ICP and SCF. The Board is part of the Neighbourhood Model approach shown in the diagram above, working alongside the other delivery groups of Bolton’s Vision 2030 to ultimately improve the health and life chances of Bolton people. The Partnership Board is accountable to the Active, Connected and Prosperous (ACP) Board (repurposed Bolton Health and Wellbeing Board). The newly formed ACP Board will provide system leadership for health and wellbeing holding all organisations to account and will make intelligence led decisions informed by our emerging JSNA and our Pharmaceutical

Needs Assessment. It will take the lead on the wider determinants of wellbeing ensuring the place based approach to health outlined in this plan is realised.

The below diagram shows the proposed strategic governance architecture required to oversee the ambitions set out in this plan.

