

## Fairer Health for All

Bolton Locality
Learning Event
Monday 15<sup>th</sup>
September 2025 11am



## **Bolton Locality Learning Event Monday 15<sup>th</sup> September 2025 11am**





No	ltem	Lead	Timing	Minutes
1	Welcome to all, introduction of chair and speakers, introduction to session	Khalada Abdullah	11:00	5 minutes
2	Fairer Health for All introduction, what we are all working towards	Khalada Abdullah	11:05	10 minutes
3	Presentation 1: The Bolton Prevention and Inequalities Framework - including about how this is being embedded by partners right across the Locality.	Clare Jackson	11:15	10 minutes
4	Group Joint Feedback Discussion	Clare Jackson	11:25	20 minutes
5	Bolton Principles for Community Engagement: co-produced with communities. We will explore the journey of how these were produced, how they are being utilised and the benefit of these in helping to reduce inequalities.	Vicky Scowcroft	11:45	10 minutes
6	Group Joint Feedback Discussion	Clare Jackson	11:55	20 minutes
7	Reflection time and evaluation (evaluation form filling)	Clare Jackson and Khalada Abdullah	12:15	10 minutes
8	Summary, closure of session and thank you to participants	Khalada Abdullah	12:25	5 minutes

## Fairer Health for All (FHFA) Learning Hub, Events and Academy website

#### Aims:

- Call to action to embed prevention, equality and sustainability into everything we do.
- Share learning about what works to tackle health inequalities,
   how and why so we can scale-up of effective approaches.
- Connect leaders and champions to grow a movement for change.
- Raise awareness of Fairer Health for All framework principles
  - FHFA Locality Learning Events
  - Academy Website
  - Live Well Newsletter (includes FHFA)



#### Fairer Health For All





If you are interested in receiving the Live Well newsletter email <a href="mailto:nhsgm.fhfa@nhs.net">nhsgm.fhfa@nhs.net</a> to be added to the distribution list.



#### We will work with people and communities,

and listen to all voices

- including people who
often get left out.

We will ask 'what matters to you' and 'what has happened to you' as well as 'what is the matter with you'.

We will build trust and collaboration and recognise that not all people have had equal life opportunities.



#### Proportionate universalism

We will co-design universal services (care for all) but with a scale and intensity that is proportionate to levels of need (focused and tailored to individual and community needs and strengths).

We will change how we spend resources – so more resource is available to keep people healthy and for those with greatest need.



#### Fairer Health for All is everyone's business

We will think about inclusion and equality of outcome in everything we do and how we do it. We will make sure how

We will make sure how we work makes things better, and makes our environment better, for the future.

We will tackle structural racism and systemic prejudice and discrimination.



#### Representation

The mix of people who work in our organisations will be similar to the people we provide services for.

For example, the different races, religions, ages, gender, sexuality, disabled people and people with multiple severe disadvantages.

We will create the space for people to share their unique voice and be involved in decision making.



As anchor institutions we will build on the strengths of our communities and leverage collective power – to support communities and local economies.

We will focus on place and work collaboratively to tackle social, commercial, economic and environmental determinants of health.

## **Manchester Locality Learning Event March 2025**





#### Session included:

- Participants were introduced to several key initiatives, including Fairer Health for All, Making Manchester Fairer, and Neighbourhood Community Power (Community Power Forum) by hearing from both Healthy me healthy communities as well as from community forum members themselves.
- Attendees got to hear the powerful testimonies from community forum members which underscored the impact of their involvement and the necessity of **integrating community voices** into health initiatives.
- The presentations highlighted the journey and learning so far, emphasising the significance of involving community members in efforts to tackle health disparities.
- For further details about the session including resources shared see: Manchester Learning Event | FHFA Academy





For other events see: News, Blogs and Events | FHFA Academy

## Proportionate Universalism May 19th 2025





**Proportionate Universalism Workshop** delivered in May. The aim of the workshop was to host a space for people to:

- Explore how can we best communicate the concept of Proportionate Universalism?
- Learn together about the different approaches to Proportionate universalism
- Share learning about how partnerships are shaping/reshaping neighbourhood models to consider equity
- Explore equitable resource allocation at neighbourhood level

The session was attended by 54 people and an evaluation of 3.9/5 given by attendees of the session being useful. Please see <u>Proportionate universalism workshop write up</u>.

#### Ideas for future event topics





- Community-driven solutions Ask participants to develop creative solutions involving local communities and report back to the group.
- Experiences of creating system change that resulted in better community relations i.e. how to get buy-in from Local Authorities, Role of the business sector
  - o How we can incorporate changing culture, sharing power, the principles into the work we're doing.
  - o Imbalance of power how we address this as a system and empower change
- Addressing economic inequalities e.g. Work taking place to support re: financial support for families/cost of living
- More transformational tools
- Trauma recovery and supporting our bodies through the process of recovery and self-care when experiencing adverse events.
- Children and young people's health



## The Bolton Prevention and Inequalities Framework



## Bolton All Age Prevention and Inequalities Framework

15<sup>th</sup> September 2025 Clare Jackson, Assistant Director/Consultant in Public Health, Bolton Council

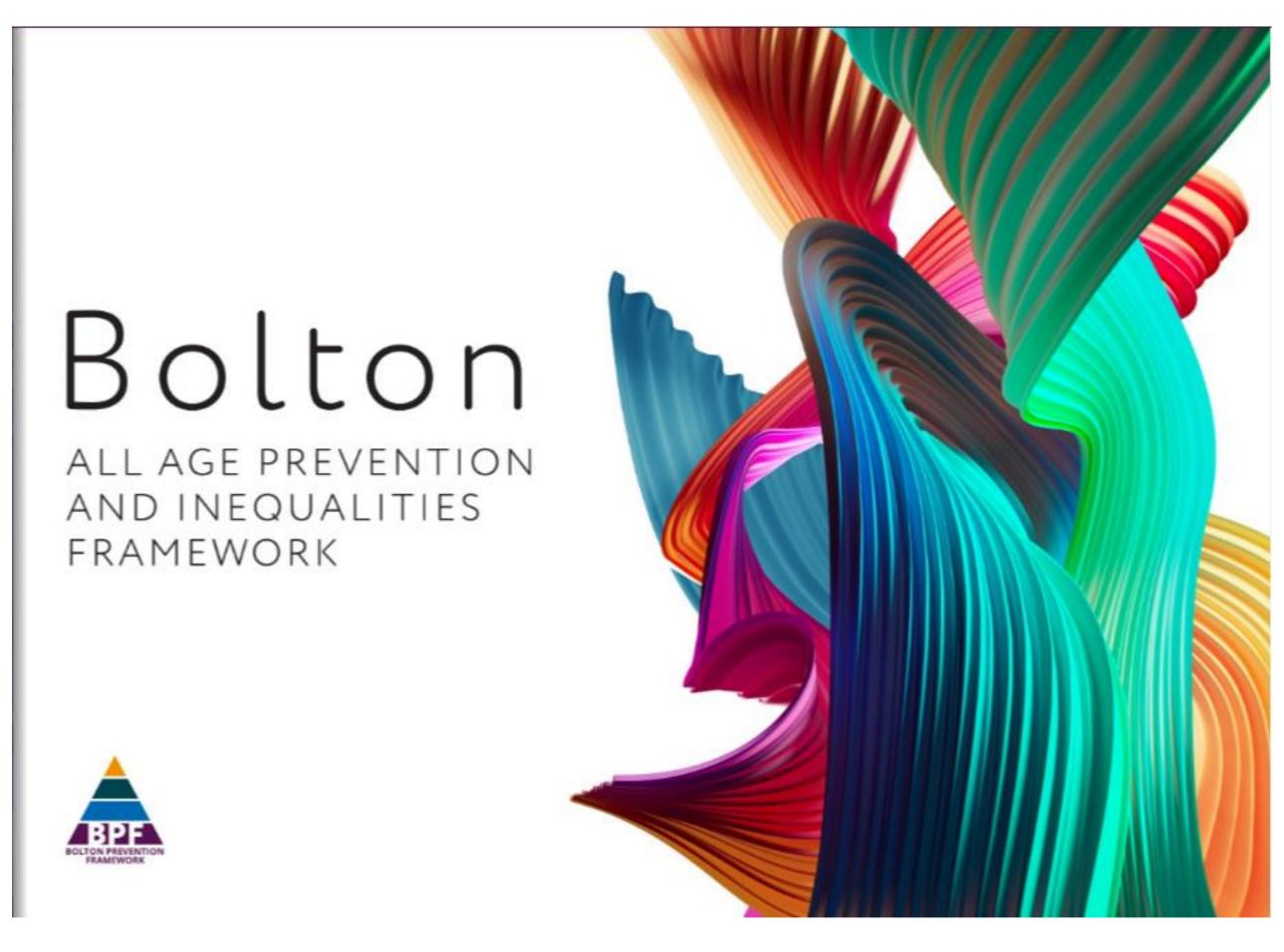


## Background

There is a strong, shared commitment to preventative approaches throughout the Bolton System – including Bolton Council, the Locality Board, Strategic Planning and Delivery Group, Vision Partnership, and its member organisations.

Recognising the complexity of "prevention," the Bolton Prevention Framework provides a strategic framework which is intended to walk its users, step by step, through the aspects of prevention that can be applied to any topic, strategy, policies, service delivery or plan.





https://boltonpreventionframework.co.uk/



#### **Framework Document Contents**

#### 1. Background and Context Information

- Aim and Objectives
- Shared Understanding and Language
- Local Data and Profile
- Bolton Policy Context

#### 2. Using the Framework

- Questions to ask to start to create the building blocks of your prevention approach
- The Prevention Framework Triangle
- Considerations Across the Framework
- Examples

#### 3. **Supporting Tools**

- Generic tools to support consideration of inequalities and approaches that can address these
- Sector specific tools



## 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

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





#### TERTIARY PREVENTION -

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

TERTIARY PREVENTION

#### - SECONDARY PREVENTION -

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

SECONDARY PREVENTION

#### PRIMARY PREVENTION -

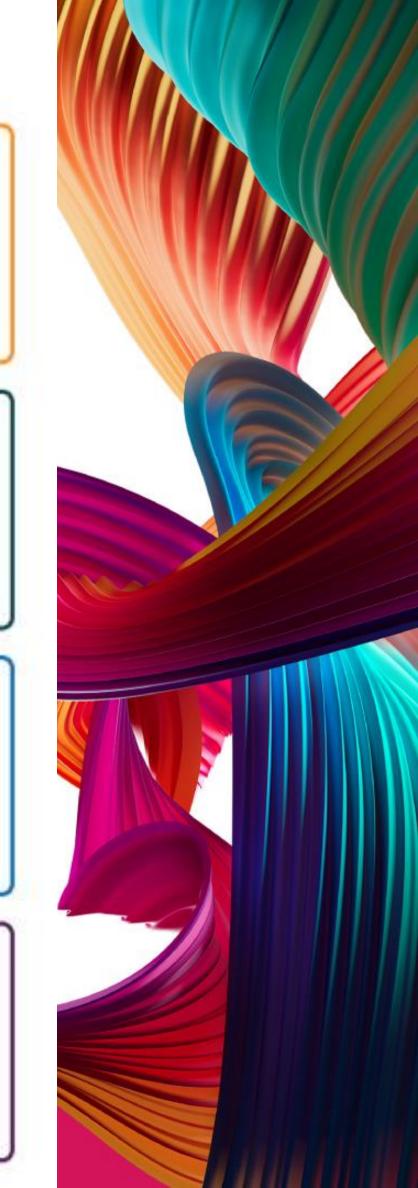
- · Preventing the onset
- · Preventing something ever happening

PRIMARY PREVENTION

#### - 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

ENVIRONMENT, PLACE AND CONTEXT



# 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?

ONSIDERATIONS TERTIARY PREVENTION -CROSS THE . What do we know about the risk of the thing reoccurring, what do we know will. reduce this risk? RAMEWORK · 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 TERTIARY PREVENTION - 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 SECONDARY . Consideration of services, interventions, offers, community assets, health PREVENTION 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 PRIMARY PREVENTION - 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? ENVIRONMENT, PLACE AND CONTEXT



## An Example: Frailty

THE BOLTON
PREVENTION
FRAMEWORK
FRAILTY



SECONDARY

PREVENTION

#### 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)

#### PRIMARY PREVENTION

#### - 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

ENVIRONMENT, PLACE AND CONTEXT



### 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



## Resources and Developments

#### **Current Resources**

- PDF Document
- Online Flip Book
- Printed Materials
- Prevention Triangle Creation
   Online Tool
- Workshop Templates

#### **Future Developments**

Further online tools and local case studies

Facilitated workshops and presentations

Academic evaluation

https://boltonpreventionframework.co.uk/

https://www.boltonjsna.org.uk/homepage/51/bolton-prevention-framework



## **Questions and Discussion**





## Bolton Principles for Community Engagement: co-produced with communities





## Vicky Scowcroft

Public Health Practitioner



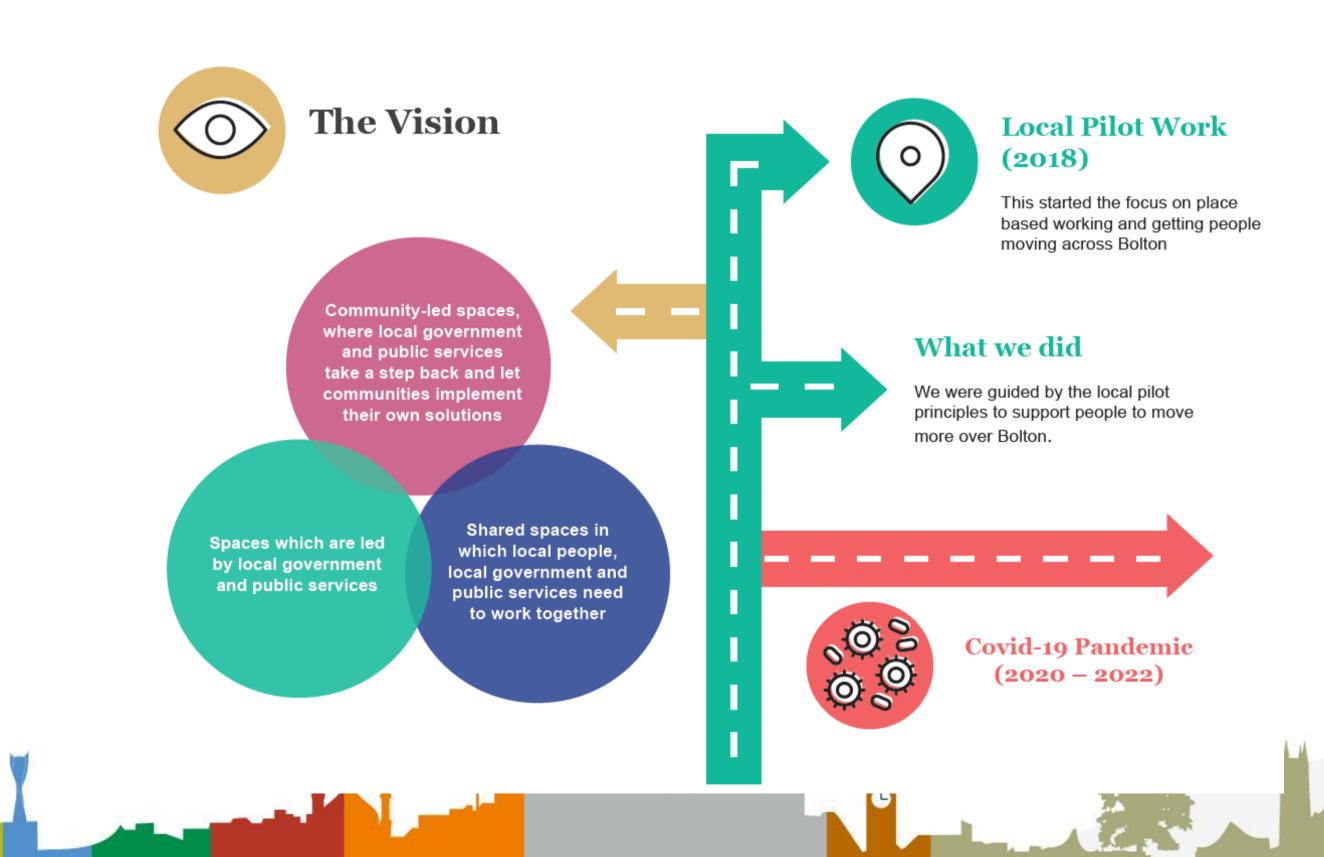


## The Journey travelled so far





## The Beginning





## The Journey continues



#### Bringing it all together (2023 onwards)

This phase has concentrated on bringing together key teams who can influence this work and bringing together a number of different pieces of work to have greater impact.

#### The three key teams are:

- Public Health Teams
- Area Working Team (Community Alliances)
- Integrated Neighbourhood Teams (health and social care)

#### What we are doing

Here are the different pieces of work that are happening now to continue this journey and spread a different way of working:

- Community Engagement Steering Group
- ABCD Training
- · Learning Circles
- Community of Purpose
- · Learning and Collaboration Spaces (webinars) and training
- Asset Map (people who are working in your neighbourhood)
- Better Conversations Training









Continues ...



### Finding the strengths

Strength 1: Finding groups and people that are already doing great work in their communities who are not connected to support and/or funding and connecting them to this.

Strength 2: Bringing groups
together that have not
traditionally worked together,
acting as a connector, and then
giving them the space to shape
their collaborations.

**Strength 3:** Spending time in communities understating the realities for communities and building trusted relationships.

Strength 4: Focusing on communities and groups, rather than through a service/topic specific lens.

Strength 5: Ability to embrace a test and learn approach that allows for learning, reflection and growth or individuals and groups.



### Some Opportunities we found

Opportunity 1 - Spread the ABCD approach beyond public health across other public service and voluntary and community sector organisations in Bolton.

Opportunity 2 - Clarify what we collectively want to achieve both as a public health team and across partners in Bolton (building on feedback from communities).

Opportunity 3 - To reach a wider and more diverse range of people with public health messaging through the next phase of the Community Champions work.

Opportunity 4 - To share the learning from this work through intentional learning and reflection spaces for professionals and communities.

Opportunity 5 - To develop an offer and act as internal and external 'consultants' on this work across Bolton, building on the learning from the work that the team have done.



### There were some challenges

Challenge 1 - Bringing together multiple approaches to working with communities into one Bolton wide approach.

Challenge 2 - People feeling supported at and by all level of Council to have the time and space to test and learn new ideas and approaches.

Challenge 3 - Address the lack of clarity on the future structure and support for this work to enable team members to continue to do their best work.

Challenge 4 - Balance the need to support communities to do things for themselves with ensuring support is given where this is needed.

Challenge 5 - Address the perception from some communities that what they are being asked to do is work the Council is funded to do for them.



#### 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.

#### 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

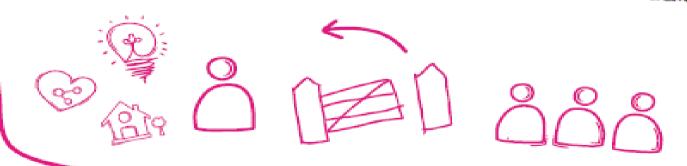
Being able to establish bridges with other groups and organisations. Boundary spanning can be defined as "the efforts by an organisation to establish connections both within and outside the organisation"





## 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.















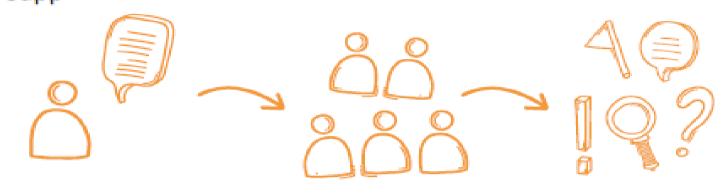


Understanding the needs, preferences and aspirations of our communities and connecting them to others who share them and/or who have gifts and resources which may help meet these needs. These connections are often surprising and simple and make a big impact.



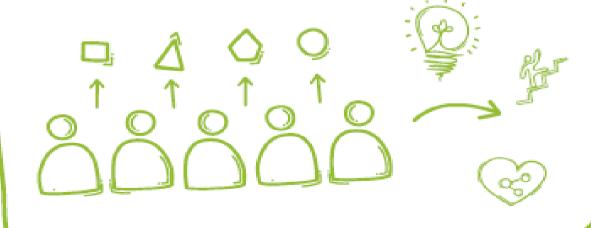


Working alongside our communities. Not doing to people or for them. Capacity building so people and groups can do more for themselves and respond to emerging challenges and opportunities. Creating a sustainable approach which is supportive and realistic.



## 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.









**Creating Spaces for Communities to Grow** 

Public Health's Offer to support asset-based working





## Working together to share the learning

- We believe in the power of the many coming together to create solutions to the health and wellbeing problems that we all face today. We want to work with people from across all our partners and all our wonderful and diverse communities to hear their ideas, insights and work with them to create the future we all want. Equity and inclusion are at the heart of our approach.
- To do this we need our 'workforce' (by workforce we mean anyone that contributes to this agenda, and they are not always in paid roles) to be skilled and confident to work in ways that build on what is strong in our communities. Our offers are designed to be flexible and are always tailored to the needs of each team.





## Do you want to develop the mindset, skills and confidence of those you work with to think, do and be different with communities?



#### Discovering Asset Based Community Development Workshops

There will be three levels of ABCD workshops that will be delivered:

- Discovering ABCD This is a half day workshop that introduces the concept of asset-based community development. It is aimed at people that are starting their journey with asset-based working and gives them a solid foundation on which to go out into their communities and experiment with a variety of 'tools'.
- Intermediate ABCD this full day workshop is for people that have been out in communities exploring how what they learnt through the Discovery ABCD looks and feels like in practice and then supporting them build on their learning and approaches they can use.
- Advanced ABCD -this is aimed at people who are interested in digging deeper into ABCD and how it can be used not just by individual staff but as a team and neighbourhood approach.

We have an internal team who can deliver this training that is based on the work of Cormac Russell.



#### Different Conversions for wellbeing

This is a half day workshop that explores how we can have conversations that support wellbeing. It focuses in on how we have conversations that matter to people rather than trying to tackle a specific issue that is important to us as professionals.

It gives participants practical tools to confidently have conversations in a different way.

There is also a Playbook of resources that support those that have been on the workshops to further develop their learning and practice.









# Thank You, to learn more please contact us on

publichealthadmin@bolton.gov.uk





## Reflection and Evaluation



#### What have you learnt from the session?





Please complete the evaluation form

https://forms.cloud.microsoft/e/VZW904yWZs

Ask: Plan your next Locality learning event in November & January





## Summary and Closure of Session

