

**AGENDA FOR  
HEALTH AND WELLBEING BOARD**



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**To: All Members of Health and Wellbeing Board**

Dear Member/Colleague

**Health and Wellbeing Board**

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

<b>Date:</b>	Tuesday, 30 January 2024
<b>Place:</b>	Microsoft Teams Meeting
<b>Time:</b>	4.30 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

### **3 PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

### **4 MINUTES OF PREVIOUS MEETING (Pages 5 - 12)**

The minutes of the meeting held on 14 November 2023 are attached.

### **5 MATTERS ARISING**

### **6 WIDER DETERMINANTS OF POPULATION HEALTH**

#### **a ANTI-POVERTY UPDATE (Pages 13 - 16)**

Jon Hobday, Director of Public Health to present the attached slides.

#### **b MENTAL HEALTH COMPLEX SYSTEM MAPPING (Pages 17 - 38)**

Jim McGlynn and Lee Buggie, Public Health Practitioners to present the attached slides and report.

### **7 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

#### **a WORKFORCE DEVELOPMENT - BUILDING PUBLIC HEALTH CAPACITY AND CAPABILITY (Pages 39 - 46)**

Lee Buggie, Public Health Specialist to present the attached slides.

### **8 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

There are no items for discussion under this quadrant.

### **9 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING**

#### **a HEALTH INEQUALITIES UPDATE (Pages 47 - 54)**

Jon Hobday, Director of Public Health to present the attached slides.

**10 GM POPULATION HEALTH BOARD FEEDBACK**

Jon Hobday, Director of Public Health to provide a verbal update.

**11 URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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**Minutes of:** Health and Wellbeing Board

**Date of Meeting:** 14 November 2023

**Present:** Councillor T Tariq (in the Chair)  
Councillors N Boroda, J Lancaster, E O'Brien and L Smith

J Hobday – Director of Public Health, W Blandamer – Executive Director of Health and Adult Care, A Crook – Director of Adult Social Services, K Wynne-Jones – Representative from LCO, J Fawcus – Representative from NCA, H Tomlinson – Representative from Bury VCFA, C Fines – Representative from NHS GM Bury, C Farrell – Representative from Six Town Housing, R Passman – Representative from Healthwatch

**Also in attendance:** S Taylor – Public Health Specialist, J Pilkington – Director of Population Health ICS GM, L Buggie – Public Health Specialist, S Senior – Consultant in Public Health, S French – Public Health Registrar, K Barnett – Democratic Services

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** J Richards – Executive Director of Children and Young People, M Beesley – GP Federation

#### **HWB.1 APOLOGIES FOR ABSENCE**

Apologies for absence are noted above.

#### **HWB.2 DECLARATIONS OF INTEREST**

Councillor Tariq declared that he is a member of the Health and Wellbeing Board in Oldham and a manager at Healthwatch, Oldham.

#### **HWB.3 PUBLIC QUESTION TIME**

There were no public questions asked at the meeting.

#### **HWB.4 MINUTES OF PREVIOUS MEETING**

**It was agreed:**

That the minutes of the meeting held on 19 September 2023 be approved as a correct record and signed by the Chair.

#### **HWB.5 MATTERS ARISING**

Will Blandamer reported that the application for the UK network of Age Friendly Communities, that was endorsed at the last meeting, had been successful.

**It was agreed:**

1. To thank all involved with the application for Bury to become a UK network of Age Friendly Communities.

## **HWB.6 BETTER CARE FUND QUARTERLY REPORT 2023**

*The Chair agreed to re-order the agenda.*

Will Blandamer provided an overview of the Quarter 2 Better Care Fund Report contained within the agenda pack, which was submitted to the Better Care Fund Team in October 2023. The overview included an update on how the system is progressing against the agreed metrics. It was reported that good progress has been made in 'avoidable admissions' and 'reablement' but an area for improvement in terms of admissions into hospital is 'falls prevention', which will be a priority topic in the Aging Well Group.

Other areas for improvement were identified as 'discharge to normal place of residence' and 'long term residential care'. Will Blandamer gave assurances around these metrics, that colleagues at the NCA are working hard on a piece of work called the National Front Runner Discharge Programme, which is strength-based work within the hospital. Since the work began, they have seen a significant improvement in the discharge arrangements.

### **The Board agreed to:**

1. Note the content of the quarter 2 reporting submission.
2. Retrospectively approve the attached Better Care Fund 2023/2025 quarter 2 reporting submission and ratify the decision to submit to the national Better Care Fund team for assessment.
3. To thank Shirley Allen for the work that she has done on the Better Care Fund submission.

## **HWB.7 WIDER DETERMINANTS OF POPULATION HEALTH**

### **a ANTI-POVERTY STRATEGY**

Jon Hobday provided an update on the anti-poverty work that has been completed since the last Health and Wellbeing Board meeting. The update included work on the roll out of the Household Support Fund, the continued work on the delivery plan and the ongoing promotion of the support and provision available. Statistical information was provided on how the Household Support Fund has been used, in total £984K of the fund has been spent.

Jon Hobday highlighted other areas of work being progressed and explained that an element of the anti-poverty work is getting people back into work and promoting businesses in Bury. In relation to this, there was a Skills Event held in Radcliffe and a Business Enterprise Event held. Information was provided on the Bury Works Unit, that is opening on the 5<sup>th</sup> December, with the aim of supporting people back to work and supporting their health and wellbeing.

Councillor Tariq advised the Board of the launch of the family hub and highlighted that it is a good example of collaboration across all different teams and partners.

In response to a question from Councillor Lancaster, Jon Hobday advised that he would provide the details of the number of attendees from the Skills Event and Business Enterprise Event.

Ruth Passman suggested that a way to encourage attendance at events was to offer people an incentive for attending. Jon Hobday advised that he would suggest this to the BGI Team.

In response to a question around CAB being kept up to date with the cost-of-living causing health issues, Jon Hobday agreed he will follow this up Healthwatch colleagues after this had been discussed further at the anti-poverty steering group.

## **b FAIRER FOR ALL UPDATE**

Jon Hobday provided an overview on 'Fairer Health for All' which is a GM system wide framework, that outlines the approach to addressing root causes of ill health and inequalities. It is a collaborative approach of how we work across the system to address inequalities and was developed in Greater Manchester on the back of the Build Back Fairer GM Report and Marmot Report. The framework has been co-produced with a range of partners and community engagement. The key reason for the framework being discussed at the Health and Wellbeing Board, is to understand the framework and how it aligns with the work that we do locally.

Jane Pilkington highlighted the important leadership role that the VCFA sector had played in developing the framework and reported that the framework is in a 3-month engagement process. The framework is an overarching framework which is designed to align and support locality equity plans and build health inequalities into everything we do, to tackle the discrimination that leads to health and care inequalities. It has been coproduced over 15 months to ensure it aligns with local strategies, such as Bury's 'Let's Do It Strategy'. The principles for the framework were explained and the importance of people power was highlighted, as it was at the heart of how the framework was designed and is essential to the delivery of Fairer Health for All. Proportionate universalism was highlighted as important, as it is around the designing and delivery of universal services according to need.

Jane Pilkington reported that the proposed high level outcome targets cover reducing gaps in life expectant, infant mortality and around reducing the gap around multiple health behaviours on the onset of multiple morbidities. The delivery tools were explained, with the aim of the Fairer Health for All Academy facilitating shared learning, innovation and building the skills and values required to shift towards upstream models of care.

Questions and comments were invited from Board members.

Jon Hobday advised that as part of a local response to the consultation he will be submitting some recommendations around the outcome measures and asked members to submit any comments or recommendations to him to feed into the consultation.

Councillor Tariq reported that the framework aligns to the work that Bury are already doing, focusing on health inequalities and that there will be a motion around health inequalities presented at the next Council meeting.

In response to a question from Councillor Tariq around Manchester City Council setting up a board that oversees the implementation of work streams, Jane Pilkington advised that Manchester City Council had commissioned stakeholders to look at their core objectives and advised that she could help with making connections at Manchester City Council.

In response to a question from Councillor Lancaster around the inequalities data, Jon Hobday agreed to share the strategic needs assessment, which has the data required.

In response to a question from Adrian Crook around focusing on excluded groups. Jane Pilkington agreed to look at the presentation to emphasis these groups and explained that in the joint board plan, they have key actions around the elderly and that the work and commitment is there.

**It was agreed to:**

1. Thank Jane Pilkington and colleagues for the work that they have completed around the framework.
2. Look at the set-up of Manchester City Board, that oversees the implementation of work streams in more detail.

## **HWB.8 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

### **a BURY MOVING STRATEGY UPDATE**

Stefan Taylor and Lee Buggie, Public Health Specialists presented an update on the Bury Moving Strategy.

Stefan Taylor reported that this is a framework rather than a strategy and that there are 4 strategic aims to increase physical activity and reduce sedentary behaviour and 15 priorities that come from the objectives. It was explained that the strategy needed to align with the Let's Do It Strategy and have a whole system approach doing more work in schools and as a small local authority. In terms of being active, it was explained that Bury would rank the 3<sup>rd</sup> active Local Authority in Greater Manchester if there was a league table.

Lee Buggie highlighted what good looks like and reported that there was a slightly higher level of obesity in Reception and Year 6 and due to this, Public Health are re-wording the letter that is sent to parents/carers and creating a referral point to the Bury Live well Service. Lee Buggie provided details on a number of initiatives which included working with non-traditional partners to address Men's mental health, working with schools to create an 'active school', man vs fat, linking Parkrun and neighbourhood led walks and trialling green gyms. The next steps for the work included engagement with partners and communities, a re-focus around tackling inequalities and councillor mental health training.

Councillor Tariq advised of the new and first ever Parkrun in Clarence Park and that the attendance has been increasing at the event which links to the Let's Do It Strategy around building up a volunteer base.

In response to a question from Helen Tomlinson around where this strategy sits in relation to the wellness strategy, Jon Hobday advised that it is a framework rather than a separate strategy with a clear vision. There are four key areas of focus in the framework, and partners will be encouraged to support activity in each of the areas but the intention is that activity is not all centrally controlled and facilitated.

In response to a question from Helen Tomlinson around how to include the voluntary sector in this work, Lee Buggie explained that there are multiple offers to access funding and is keen around the volunteering network and bringing funding from Greater Manchester. Lee Buggie advised that he contact the VCFA around volunteering.

Adrian Crook asked to keep older adults in mind with this strategy, to keep them mobilised around their homes.

Ruth Passman advised of a Women's Health Project around pelvic health that this work should be discussed further.

Jon Hobday reported that the active lives data is really useful in giving a clear picture to advise which parts of the borough are inactive.



Councillor Smith reported the need for a good signposting system to help people overcome barriers that they may have.

**It was agreed:-**

1. next steps to support a re-refresh and re-profile given covid, finite resource and changing priorities locally, regionally, and nationally (Sport England/GM Moving re-focus).

These include:

- An action plan review of the current strategy, highlight some easy wins and reprofile and re-design a suitable project plans those items deemed off track and or slipped and or stalled.
  - Consider how this strategy echoes other wider policies and corporate aims such as proposed public health priorities (Life Expectancy Gap and School Readiness), cooperate aims as part of the Lets strategy with improving quality of life and along with improved early years development and educational attainment.
  - Co-design and map the refresh with key partners, stakeholders and our communities ensuring they have an influence along with neighbourhood specific characteristics.
2. To look at the next steps and bring back Bury Moving Strategy to a future Board meeting highlighting the progress.

**b NATIONAL SMOKING PROPOSAL UPDATES AND IMPLICATIONS**

Lee Buggie, Public Health Specialist presented an update on the national smoking proposal.

Lee Buggie advised that smoking is the UK's biggest preventable killer, causing around 1 in 4 cancer deaths and 64,000 in England Alone. The Government is proposing that a new legislation will make it an offence for anyone born on or after the 1 January 2009 to be sold tobacco products and proposing a crack down on youth vaping. The government will continue to drive forward its agenda to support current smokers quit for good.

Locally, in Bury, our smoking prevalence (18+) stands at 11.7% which is approximately 17,00 people. An estimated £41.8M is spent on tobacco in Bury (legal and illicit) based on an average spending of £2451 on tobacco per person. In terms of smoking attributable hospital admissions, Bury stands at 1460 per 100,000, as of 2019/20, which is lower than the regional value (1540 per 100,000) but higher than the national value (1398 per 100,000). Emergency hospital admissions for COPD in Bury, stand at 500 per 100,000 (for 2019/20), which has increased from previous years and is progressively getting worse.

Lee Buggie advised of a GM Campaign to take steps to quit smoking and provided statistical information of how smoking affects peoples lives in Bury, highlighting smoking related mortality and social care costs due to smoking.

Lee Buggie asked Board Members to be supportive of the proposals to try and reduce the harms caused by smoking and prevent ill-health, disability and death. To view the consultation and send any comments to be included within Bury's Public Health response to Sarah Turton prior to the 28<sup>th</sup> November 2023 and to promote the consultation on social media.

**It was agreed:**

1. To send an e-mail to Board members requesting them to share the consultation and feed back comments to Sarah Turton to be included in Bury's response.

**HWB.9 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING**

There were no items to be considered under this quadrant at this meeting.

## **HWB.10 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

### **a HEALTH PROTECTION UPDATE**

Steven Senior provided a summary of the report within the agenda pack.

It was reported that the main focus of health protection work is around respiratory infections. There have been several waves of Covid since social distancing measures ended, although almost everyone has antibodies to Covid and therefore the consequences of these waves cause fewer hospitalisations.

It was reported that the Covid vaccine programme was slowing down and there were inequalities in the uptake of the vaccine. The flu vaccine uptake has been higher than in previous years and the importance of having the vaccine was highlighted, as it can protect older people.

Steven Senior advised of a small cluster of measles in Bury and the work completed to raise awareness of measles. There were 30 Measles, Mumps and Rubella (MMR) catchment clinics over the summer holidays, in which 420 people attended. Due to a bid with NHS GM, this work will continue, to include people that may have missed out. For most, measles will be a mild infection but there are a small proportion of people where the infection can cause harm.

Steven Senior reported on the challenges with scabies over the last 6-9 months, due to shortages of the treatment and advised that the supplier issues are now starting to ease. Work has been completed around hepatitis A, due to a small outbreak in an early years settings. It was reported that there have not been any secondary cases and that the incubation period can be quite long. Public Health will continue to monitor Hepatitis A.

Steven Senior explained the quality assurance work that had taken place to improve the record management of outbreaks and advised of a peer review process with Wigan Council, looking at health protection business.

In response to a question from Adrian Crook regarding the treatment availability for scabies, Steven Senior advised that they are not completely assured yet of the treatment availability, but access seems to be getting easier.

#### **It was agreed:**

1. That the report be noted.

## **HWB.11 GM POPULATION HEALTH BOARD FEEDBACK**

Jon Hobday, Director of Public Health, reported that at the last GM Population Health Board meeting there was a discussion around the role of people from communities and the VCFE in improving health outcomes and tackling inequalities. The key summary was that there needed to be a whole community shift towards creating and maintaining health and wellbeing. There was acknowledgement to the VCFE sector in enabling this and examples of lived experience and the importance of safe spaces were provided. A discussion took place around the fragility of the VCFE sector due to challenges with recruitment and contracts, and the risk to medium sized organisations was highlighted. The outcome from this item was for the Board to recognise the role the VCFE sector played, produce a position paper of the value and risks of the sector and

to develop a fair funding protocol. A brief discussion took place around Fairer Health for All and there was an amendment to the terms of reference of the Board.

Helen Tomlison reported that the fair funding protocol has now gone through and has been signed off by the GMCA. From a Bury point of view medium size organisations are the ones that are the most fragile and therefore focused work will need to be ongoing as they will support with market shaping.

**It was agreed:**

That the update be noted.

**HWB.12 URGENT BUSINESS**

There was no urgent business.

**COUNCILLOR T TARIQ**

**Chair**

**(Note: The meeting started at 4.30 pm and ended at 6.15 pm)**

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# Anti-poverty update January 2024



**BURY**  
LET'S Do It!

- Since the last meeting in November 2023
- Scrutiny of the progress to date and future plans
- Continued roll out of Household Support Fund (HSF) plans
- Continued work on delivery plan
- Ongoing promotion of support and provision available

## HSF/financial support progress

- £896k food and fuel
- £934k Free School Meals
- £49k Advice/support (VCFA sector)
- £29k Welfare resource
- £67k Council tax support fund
- £112k Bury support fund
- £181k Discretionary housing payments
- £67k Ascendant software
- £12k Communications

## Other progress

- Continued comms and update leaflets
- Ascendent system is being used for targeted payment (now 3 phased payments for identified cohorts) and further plans in place for targeted work
- Targeted work planned for increasing uptake of pension credit
- Significant push on winter well – promotion of warm spaces, created warm packs which have been distributed to foodbank and food pantries
- Launch of Bury Works hub (neighbour-hub)
- Work and skills fayre planned for March (in partnership with DWP)
- Plans to support school uniform/equipment
- Continue to promote healthy start vouchers for families now working with Trust House (local food pantry)
- Improved links with the homelessness partnership to help support those experience homelessness in a more coordinated way

## Next step

- Reviewing spend and identifying any gaps and how we target further payments
- Review approach and risks around anti-poverty plans assuming the discontinuation of the HSF



## **BETTER TOGETHER BURY**

**Co-producing a mental health complex system map and action plan for the Greater Manchester Borough of Bury**



January 2024

**Author: Ed Davie, policy and public affairs manager at Centre for Mental Health with thanks to everyone who participated in the workshops and Bury's public health team, especially Lee Buggie and Jim McGlynn**

## Executive summary

As a result of austerity, the Covid-19 pandemic and the cost of living crisis mental health inequalities have widened in Bury and across Greater Manchester and the UK. Greater Manchester Health and Social Care Partnership (GMHSCP), Bury Council and Centre for Mental Health are determined to improve health and wellbeing and have worked together to co-produce a mental health complex system map and set of suggested actions for the borough to take this forward.

Some people and communities are at much greater risk of worsened mental health: those living in poverty, poor quality housing or with precarious or no employment; those with drug, alcohol or gambling issues; older people who are more likely to be bereaved by Covid-19 and may be at greater risk of social isolation; women and children exposed to violence and trauma at home; people with long-term physical health conditions; and people from racialised communities where many health outcomes are worse due to structural racism. These inequalities are largely the result of economic and social factors that put some people and communities at a dramatically higher risk of poor mental health. Being economic and social in nature these factors are therefore changeable. To support that change GMHSCP commissioned Centre for Mental Health to support boroughs take action to reduce mental health inequalities. Bury Council chose to use this resource to help co-produce, with over 70 local people from the community and services, a complex system map of Bury's mental health and wellbeing risks and protective factors. In a second workshop local people co-produced a set of actions based on evidence and the gaps and assets identified by the map. The map and recommendations will now be taken to system leaders in a bid to influence policy and commissioning decisions.

Actions identified in the second workshop:

### **Societal and economic**

1. Emulate Preston in pursuing a community wealth building model where anchor institutions, including the council, NHS, educational establishments, and other major economic actors, make concerted efforts to employ, train and buy more goods and services from local people paid at least Living Wage Foundation rates.
2. Refresh Bury's Child Poverty Strategy – this stopped being a statutory requirement in 2016 nonetheless it would be useful to ensure that everything that can be done to reduce and mitigate the effects of child poverty on mental health is being done.
3. Make free school meal registration the default for eligible children. Sheffield City Council has boosted free meal take up and pupil premium investment in schools by making this change at little cost to local services, Bury should do the same.
4. Provide more financial advice in health, social care and housing settings and more mental health support for people in financial problems.

## Environmental

5. Ensure more decent, affordable, secure housing including for those with mental health problems.
6. Promote Bee Network public transport offers.
7. Make walking and cycling safer and pleasant with more pedestrianisation, safe crossings, protected cycle tracks, low traffic neighbourhoods and street planting.
8. Prioritise mixed, medium density developments to revitalise town centres and brown-field sites rather than out of town developments that increase the need to drive.

## Behavioural

9. Invest in substance misuse, smoking cessation, gambling problem, anger management and relationship services.
10. Tighten alcohol off licencing policies to reduce hours of sale, ban super-strength lagers/ciders, single can sales and consider a minimum unit price approach like Newcastle's.
11. Ban alcohol, gambling and junk-food advertising and sales on public sector owned sites including poster-sites, digital, sponsorship and vending machines.

## Community

12. Invest more in early intervention mental health services, including peer support especially for children and young people and parents and carers.
13. Greater support for the elderly and unwell to reduce isolation and loneliness.
14. Create greater access to more community centres and events and green spaces that promote good relations between people with different characteristics.

## Introduction

Mental, and indeed physical, health results from an interaction between social determinants (such as poverty and discrimination), environmental factors (like housing and air pollution), personal attributes (including genes and behaviours), and the health care and other support available to people (Davie, 2021). The World Health Organisation, among other experts, say that social determinants account for up to 55% of health outcomes (WHO, 2017). Given that, from the 2007 banking crisis onwards, many social determinants have worsened for a lot of people, it is sadly not surprising that mental health is getting worse in the UK, with Bury being no exception despite the best efforts of local people and services. Most recently, the Covid-19 pandemic, cost of living crisis and accelerating climate change – combined with a complex political environment and cuts to public services – have further reduced the resilience of people and the services that support them, stalling and even reversing healthy life expectancy (Marmot et al., 2020).

Our worsening mental health is leading to higher levels of distress across the population, unsustainable demand on expensive and over-stretched treatment services, and economic inactivity that together costs approximately £119 billion a year in England alone (O'Shea, 2020) – this works out at many hundreds of millions of pounds of service cost, lost

productivity, and human misery every year in Bury. As well as a mental health gap between people with different characteristics (racialised and LGBTQ+ communities for example suffer worse outcomes due to discrimination) the life expectancy of a person with a severe mental illness is about 20 years shorter than someone without a diagnosis, and the gap is getting bigger (Centre for Mental Health, 2021). The situation is difficult, but there is hope for positive change if the right actions are taken to address the factors that affect mental health. We know from programmes that have been properly funded, supported, and measured, like those delivered by local authorities through the Better Mental Health Fund, that proper investment in evidence-based and informed interventions can support significant improvements, reducing distress and cutting costs.

Bury Council's public health team are determined to ensure that this is a borough that focuses as much on preventing mental ill health as on its consequences; where good mental health, parity of esteem between mental and physical health, the ability to adapt and manage adversity and the recognition of the wider factors affecting mental health are supported throughout the life course. GMHSCP), Bury Council and their partners are all committed to reducing mental health inequalities – not only is this the right thing to do but would also reduce demand on under-pressure services and support a more productive local population. To that end GMHSCP commissioned national mental health research charity Centre for Mental Health to work with boroughs including Bury to support mental health equality work. This report covers this joint work and the map and list of actions that resulted.

## Background

Mental health, illness and wellbeing are not equally distributed across the population. The protective and risk factors set out below are more or less likely to be present depending on a person's circumstances, environment, and other characteristics.

## MENTAL HEALTH PROTECTIVE AND RISK FACTORS AMENABLE TO ACTION

### PROTECTIVE FACTORS

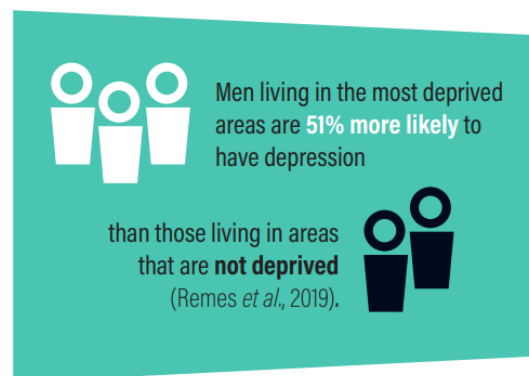
- ⊙ Secure and sufficient income
- ⊙ Fair treatment
- ⊙ Positive parenting
- ⊙ Positive school experience
- ⊙ Secure, decent housing
- ⊙ Access to healthy, natural environments
- ⊙ Exercise, healthy diet, abstinence from smoking and substances
- ⊙ Community connectivity and relationships

### RISK FACTORS

- ⊙ Poverty
- ⊙ Discrimination including racism\*
- ⊙ Child neglect, abuse, insecure attachment
- ⊙ Bullying, excessive exam and social media pressure
- ⊙ Homelessness, poor quality, insecure housing
- ⊙ Polluted (air, water, noise), high-traffic places
- ⊙ Inactivity, poor diet, smoking, alcohol, and drug use
- ⊙ Unsafe and disconnected communities

The role of public health, and other partners concerned with health and wellbeing, is to maximise the protective factors and reduce the risk factors for as many people as possible with special attention given to those groups who suffer the worse outcomes. The most important factor to address from the list above is poverty. This is because poverty worsens all the other factors, from housing and environmental conditions to the likelihood of experiencing abuse, neglect and bullying as a child.

### **THE ASSOCIATION BETWEEN DEPRIVATION AND POOR MENTAL HEALTH OUTCOMES**



Rates of depression, serious mental illness, and suicide, not to mention nearly every physical illness and injury, worsen with increased poverty and deprivation in a very clear dose-response relationship – the more the exposure the worse the outcomes.



**HOW POVERTY HARMS MENTAL HEALTH**

**SOCIAL DETERMINANTS**

- ⊙ People with the lowest incomes are harmed the most by economic inequality, as it increases risk factors and reduces protective ones while damaging self-esteem and control
- ⊙ Increases the risk of adverse childhood experiences
- ⊙ Intersects with discrimination including structural racism leading to worse outcomes for racialised communities.

**ENVIRONMENTAL FACTORS**

- ⊙ Reduces access to healthy food
- ⊙ Makes living in overcrowded, insecure housing more likely
- ⊙ Lessens access to green space & exercise
- ⊙ Increases exposure to air pollution
- ⊙ Deprived areas more likely to be saturated by unhealthy products like fast food, betting shops, cheap illicit tobacco.



**INDIVIDUAL FACTORS**

- ⊙ Makes genetic risk more likely to convert to illness
- ⊙ Increases stress
- ⊙ Reduces sense of control, self-esteem & confidence
- ⊙ Cuts 'mental bandwidth' for 'good' health choices (Mullainathan & Shafir, 2013)
- ⊙ Creates vulnerabilities to unhealthy consumption such as smoking, substance misuse, unhealthy foods & alcohol.

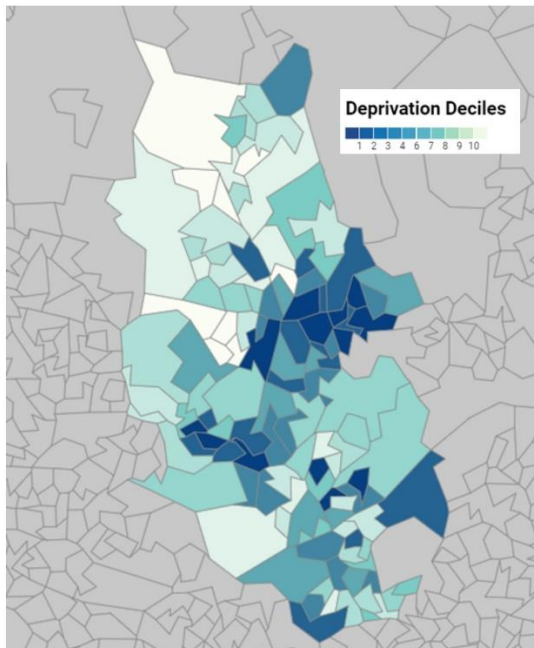
**ACCESS TO HEALTH CARE AND OTHER SUPPORT**

- ⊙ Deprived communities have less access to quality health care and other support services, as these areas are often underserved and under-resourced compared to more wealthy areas.
- ⊙ This phenomenon is described by Tudor Hart as the 'inverse care law'.

You can see the intersecting harms when you compare (from left to right, darker colours higher levels) air pollution, child poverty, alcohol related hospital admissions and all cause premature death rate maps of Bury.



Given the strong relationship between mental health and wellbeing outcomes and deprivation is important to note that the proportion of Bury's lower super output areas (geographic units of 400-1,200 households) ranked in the 40% most deprived in England has increased to 43% in 2019 (most recent data) from the last measure in 2015. So even though Bury overall has lower levels of deprivation in Greater Manchester than the average there is still considerable poverty that is a major risk to mental health.



- In 2019 (most recent figures) Bury ranked as the 95<sup>th</sup> most deprived local authority out of 317 in England
- In 2015, Bury was ranked 117<sup>th</sup> meaning that the borough has become more deprived relative to other places in the intervening four years.
- 43% of Bury's lower super output areas (LSOAs – an area of 400-1,200 households) are in the most deprived 40% in England.
- The darker the blue on the map (left) of Bury the more deprived the area – 13 are in the most deprived 10% in England.

## Mental health and wellbeing outcomes

Red/Amber/Green rated to England average where figure available

Indicator	Bur	Wig	Traf	Man	Sto	Tam	Roc	Old	Sal	Bol	GM	Eng
Depression % (20/21)	8	15.6	15.4	13.4	15.7	16.8	18.7	13.7	13.1	14	12.7	12.7
MH Act detentions per 100K (2020/21)	94	105	101	156	100	90	110	116	110	125	111	91
Suicide per 100k (20)	10.4	13.6	7.3	9.3	8.8	9.1	9.7	7.1	11.9	9.8	10.4	9.7
Low life satisfaction % (2022)	5	4	5	5	4	5	5	6	4	9	5	5
Low happiness % (2022)	9	7	9	9	6	8	7	10	10	9	8	8
Hi anxiety % (2022)	43	40	44	41	42	37	33	40	41	42	40	

### Risk factors

Indicator	Bur	Wig	Traf	Man	Sto	Tam	Roc	Old	Sal	Bol	GM	Eng
% LSOAs in 40% highest deprivation (2019)	43	44	36	71	35	61	63	59	62	59	58	
Economically inactive adults % (2021/22)	24	24.2	27.3	33	23.6	25	36.4	31.7	32	32.2	29.4	39.4
Physically active adults % (2020/21)	62	57.7	63.1	60.6	63.2	55.7	54.2	56.1	56	54.7	58.3	65.9
Healthy life expectancy male (18/20)	63.4	59.2	66.3	61.2	65.1	61.6	57.4	56.6	58.7	60.3	61.4	63.1
Healthy life expect female (18/20)	62.2	61.4	66.9	59.7	62.2	58.2	58.4	58.2	57.4	62.4	60.9	63.9
Feeling of belonging in neighbourhood % (2022)	76	71	80	72	77	71	71	71	68	70	73	63
Air pollution PM 2.5 (2021)	7.4	7.5	7.3	7.9	7.6	7.7	7.1	7.4	7.6	7.3	7.48	7.4

Information in the tables above indicates Bury has some good foundations to build on – over three quarters of residents feel a sense of belonging to their neighbourhood, there are relatively low levels of economically inactive adults and Bury has a comparatively low level of depression (though this last indicator is so much lower than Greater Manchester and England averages that it may indicate another issue like stigma, low diagnosis or poor data – further investigation needed).

There are however worryingly high levels of suicide, detentions under the Mental Health Act and relatively high numbers of people reporting low happiness and high anxiety. As already mentioned, there are areas of significant deprivation which increases risks to mental and physical health.

These significant, growing and unequally distributed problems are why an action plan to reduce mental health inequalities and improve wellbeing in Bury is important. This report summarises some of the evidence around tackling mental health inequalities and how Bury's public health team have worked with GMHSCP, Centre for Mental Health and local people and organisations to tackle it. This has involved two events:

- The public health team and Centre for Mental Health convened a Let's Talk Bury co-production event to create a complex system map (showing risk and protective factors, plus existing interventions) in the borough



• A second online event was then held to examine the draft map, identify gaps and suggest actions to improve mental health inequalities based on the evidence and local knowledge. Four themes identified by the evidence review and then discussed at the Let's Talk Bury co-production events were:

1. Societal and economic – covering issues like poverty and discrimination
2. Physical and behavioural – fitness and illness, exercise, smoking, drinking, diet, relationships
3. Social and community – family, neighbourly and civic relationships
4. Environmental – housing, green space, transport, facilities

#### Let's Talk Bury complex system mapping workshop

The factors that protect or worsen health and the way they interact with each other are complex. For example, your genetic inheritance may make it more likely than average that you develop a mental illness but the fact that you were supported by caring adults as child and now live in a healthy environment with plenty of money lessens that risk. The 'biopsychosocial' model of mental health tries to take account of this interaction between biological, psychological, and social factors.

Given this complexity researchers have developed a methodology to try to record all relevant factors and how they interact with each other to make poor health outcomes more or less likely – this is called 'complex system mapping.' Done well and acted upon this can identify opportunities to improve health outcomes. For example, the Foresight Obesity System Influence Diagram (below) and accompanying research is credited (Jebb, 2017) with:

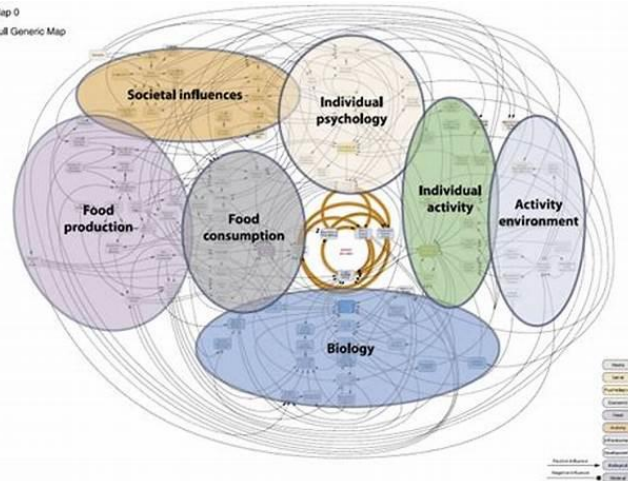
Changing policy, noticeably slowing rate of increase in obesity.

Inspiring England's first ever obesity strategy 'Healthy Weight, Healthy Lives', grounded in the strategic approach set out by Foresight.

In 2011, its successor, 'Healthy People, Healthy Lives,' again used the Foresight report as a touchpoint to the scientific evidence.

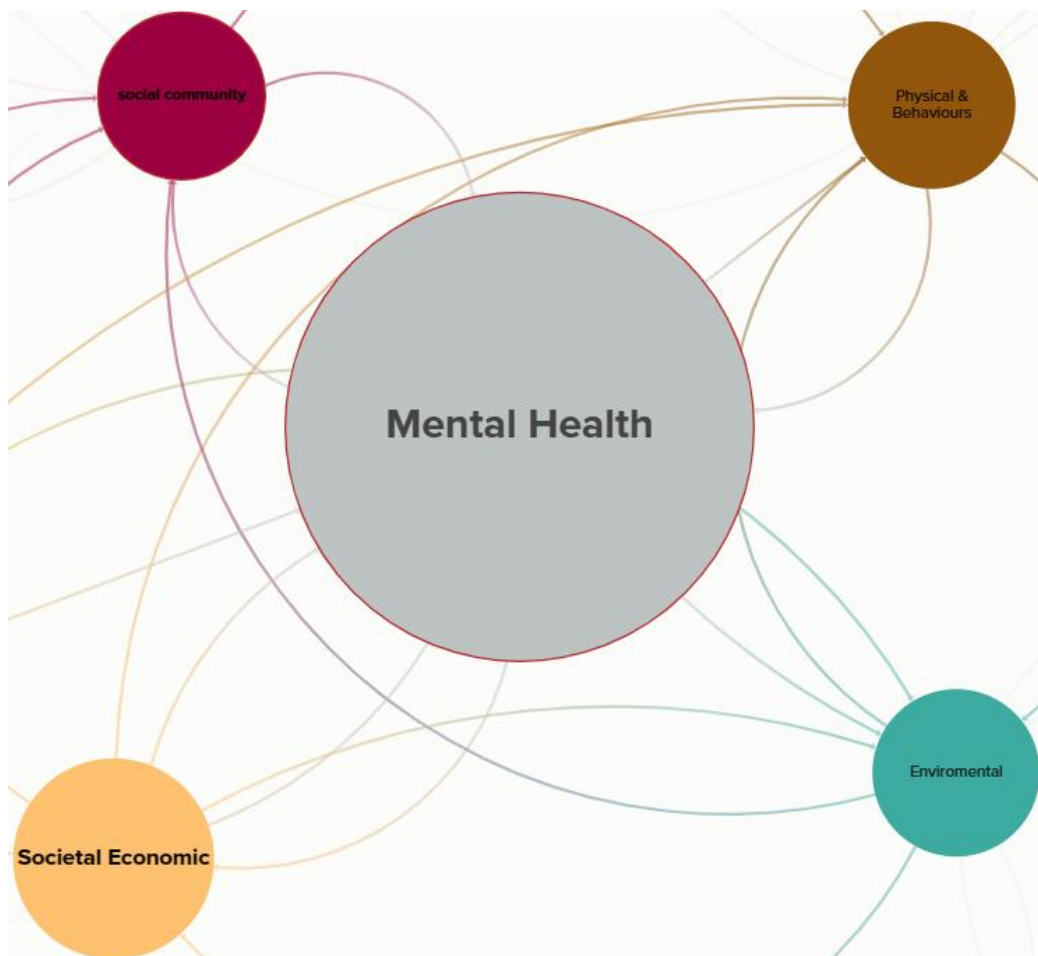
Created more balanced perspective about individual and environmental factors including recognition of the impact of the environment on personal 'choices'.

Map 0  
Full Generic Map

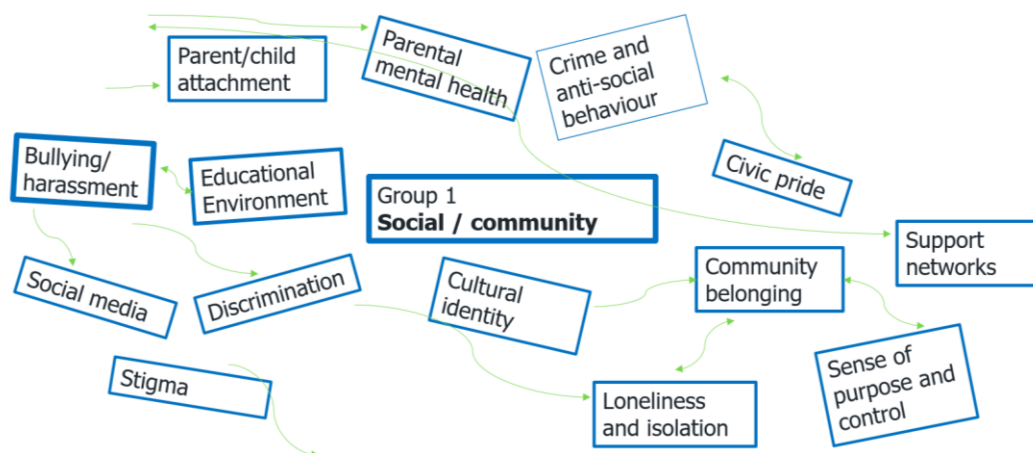


Subsequently, researchers (Stansfield et al, 2021) have developed a similar methodology to be applied to a whole organisation and whole-system approach to public mental health. The premise for this work is a recognition of the crosscutting nature of mental health within public health policy and practice and the contribution that a range of policy teams make to improving overall population mental health outcomes. It is this methodology that Centre for Mental Health and the Bury public health team adapted to create a mental health and wellbeing complex system map for Bury. To do this we assembled over 70 local stakeholders including mental health service users, commissioners and providers, colleagues from the wider NHS, council services including children's and adult social care, education, planning, housing, economic development and other services including the Department for Work and Pensions

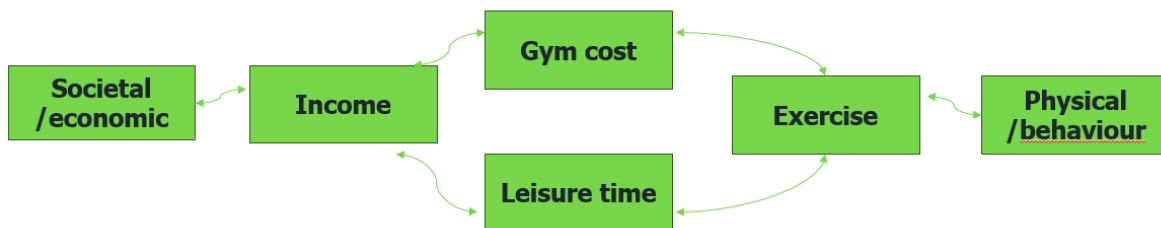
Attendees at the system mapping workshop first heard from the Centre for Mental Health facilitator about the evidence regarding mental health and the wider determinants of health including those covered by the factors listed above and then from a Bury public health specialist about the borough's particular circumstances and current work.



Attendees then broke into four groups – each discussing one of the four topics and using post-it notes on flipchart paper and pens to record relevant factors and the links between them. Below is an example from a theoretical group:



Each group would then meet each other group in a series of workshops to make links between topics. Below is an example of where the Societal/economic group identified 'income' as a factor and the Physical/behaviour identified 'exercise' and when the two groups came together they decided that 'gym cost' and 'leisure time' linked both 'exercise' and 'income'.



When all topic groups had made links with each of the other three topic groups, all attendees were asked to post-it existing interventions that they were aware of related to each of the factors on the flip chart paper. For example, the environment group had identified 'access to green space' as an important factor so attendees noted interventions that facilitated access to green space like a housing estate gardening scheme or a walking club for the elderly in a local park.

Council officers then used computer software called Kumu to convert all the information into a digital map that you can see, interact with, zoom in and out of here:

Actually working with the map (available here: <https://kumo.io/lee16/mental-health-bury>) is the easiest way to understand it but below are some screen shot examples.

### Workshop two: co-producing an action plan

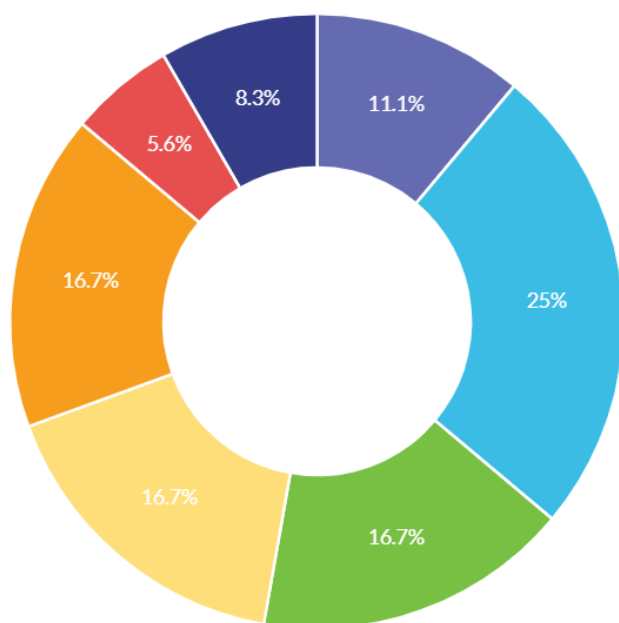
Having digitised the complex system map information, Bury's public health team worked with Centre for Mental Health to arrange an online co-production workshop, which included representatives from:

- The community – residents, service users and carers
- Voluntary, community sector
- NHS
- Public health
- Housing
- Adult social care
- Children's services and education
- Employment and social security
- Parks, leisure and environmental services

The methodology used for the event was developed by Centre for Mental Health’s Ed Davie when he designed and delivered 16 Thrive LDN ‘community conversations’ in half of all the boroughs in London.

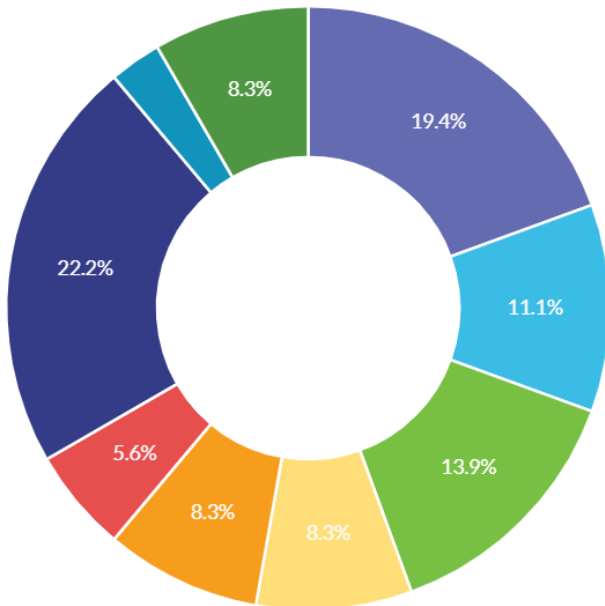
Participants studied the complex system map, identified further interventions to add to it, and suggested actions to reduce inequalities in mental health and wellbeing in Bury. They were also asked to vote for their three preferred evidence-based interventions from a list constructed from a literature review by Centre for Mental Health. Recordings of these workshops were made, and notes of suggested actions were taken as summarised below. We recognise that there is currently a lot of work going on in Bury and that some suggested actions may already be either planned or taking place on some scale. The next stage of the process is to establish what added value could be offered by taking forward the actions suggested below and what is already taking place that could be either scaled up further, tweaked to more effectively address local inequalities, or coordinated more effectively alongside other existing interventions.

**Societal and economic choices**



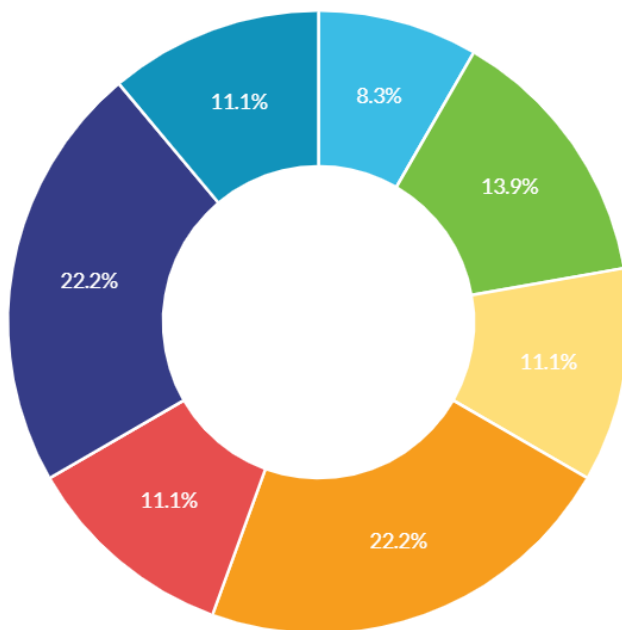
- Choice
- Bury should seek Living Wage Place status
  - Bury's major organisations should do more to train, hire and procure from local people and smaller organisations
  - Council tax support should be extended and lift more low income people out of paying
  - Financial advice should be made more widely available via the NHS, council and community settings
  - Eligible children should, by default, be added to free school meals register (with an opt-out)
  - Smoking cessation support should be extended and targeted at low income smokers
  - More should be done to encourage take up of Healthy Start vouchers and free nursery places

**Environmental choices**



- Do more to ensure everyone has a decent, affordable and secure home
- Create more protected cycle lanes and secure cycle storage
- Pedestrianise more high streets and make walking more safe and pleasant
- Constrain motor traffic with low traffic neighbourhoods, controlled parking zones and clean air charging
- Increase access to parks and gardens
- Plant more trees and community planting beds
- Prioritise reviving town centres and brownfield sites over out of town development
- Support more electric public transport
- Create School Streets that restrict traffic at drop-off and pick-up times to encourage walking and cycling

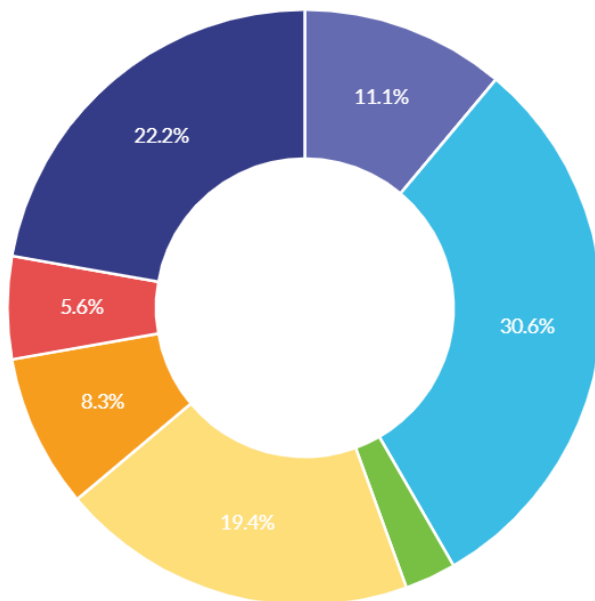
**Behavioural choices**



- Ban smoking in playgrounds
- Create smoke-free council and housing association tenancies
- Tighten alcohol off licensing rules to reduce hours, strengths of lagers and ciders and limit new outlets
- Tighten planning to restrict junk food take-aways near schools
- Ban adverts for alcohol, junk food and gambling on public sector owned advertising sites
- Create more water fountains in schools, parks and high streets
- Invest in substance misuse and smoking cessation services
- Invest in anger management and relationship support services

**Community choices**





#### Choice

- More effort to tackle discrimination and promote marginalised communities
- Invest in mental health services especially for parents, carers and children and young people
- Invest in parenting programmes, children's centres and health visitors for young families
- Support more community centres and spaces
- Change planning rules to ensure community and green space in every new development
- Support 'Whole School' approaches to tackle bullying
- Provide greater support for elderly and unwell people to socialise and reduce loneliness and isolation

## References

Centre for Mental Health (2021) Tackling Mental Health Disparities. Available from: <https://www.centreformentalhealth.org.uk/publications/tackling-mental-health-disparities>

Davie, E. (2021) Briefing 57: Better together. Centre for Mental Health. Available from: <https://www.centreformentalhealth.org.uk/publications/briefing-57-better-together>

Gutman, L., Joshi, H., Parsonage, M. and Schoon, I. (2015) Children of the new century: Mental health findings from the Millennium Cohort Study, London: Centre for Mental Health. Available from: <https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/newcentury.pdf>

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020) Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity. Available at <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

Mullainathan, S. and Shafir, E. (2013) Scarcity – the true cost of not having enough. London: Penguin

O'Shea, N. (2020) Cost of mental ill health. Centre for Mental Health, Available from: <https://www.centreformentalhealth.org.uk/news/centre-mental-health-calls-government-set-budget-wellbeing-cost-mental-ill-health-england-reaches-ps119-billion#:text=The%20economic%20and%20social%20cost%20of%20mental%20ill,estimate%20published%20today%20by%20Centre%20for%20Mental%20Health>

Stansfield, J., Cavill, N., Marshall, L., Robson, C., Rutter, H. (2021) Using complex systems mapping to build a strategic public health response to mental health in England. *Journal of Public Mental Health*

Windsor-Shellard, B. (2020) How does living in a more deprived area influence rates of suicide? London: ONS. Available from: <https://blog.ons.gov.uk/2020/09/10/how-does-living-in-a-moredeprived-areainfluence-rates-of-suicide/#:~:text=The%20impact%20of%20deprivation%20and%20suicide&text=Living%20in%20a%20deprived%20area%20increases%20suicide%20risk%20for%20nearly,compared%20to%20the%20least%20deprived>

World Health Organisation (2017) Social determinants of health. Available from: [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)



# Mental Health (MH) Complex System Mapping



Lee Buggie (Public Health  
Specialist Healthy Place)

Jim Mcglynn (Public Health  
Practitioner)

# Mental Health Mapping Context

- Greater Manchester Mental Health (GMMH) resourced
- Centre for Mental Health partnership
- Build on **Stockport** (mapping) and **Bolton** (Voluntary Sector)
- Co-designed and stakeholder driven ( Jim will update )
- Tier 1 & 2 interventions , complement Bury's Mental Health strategy
- I-Network's **Transforming and Innovating Public Services Award**
- Full report with **recommendations** and action plan



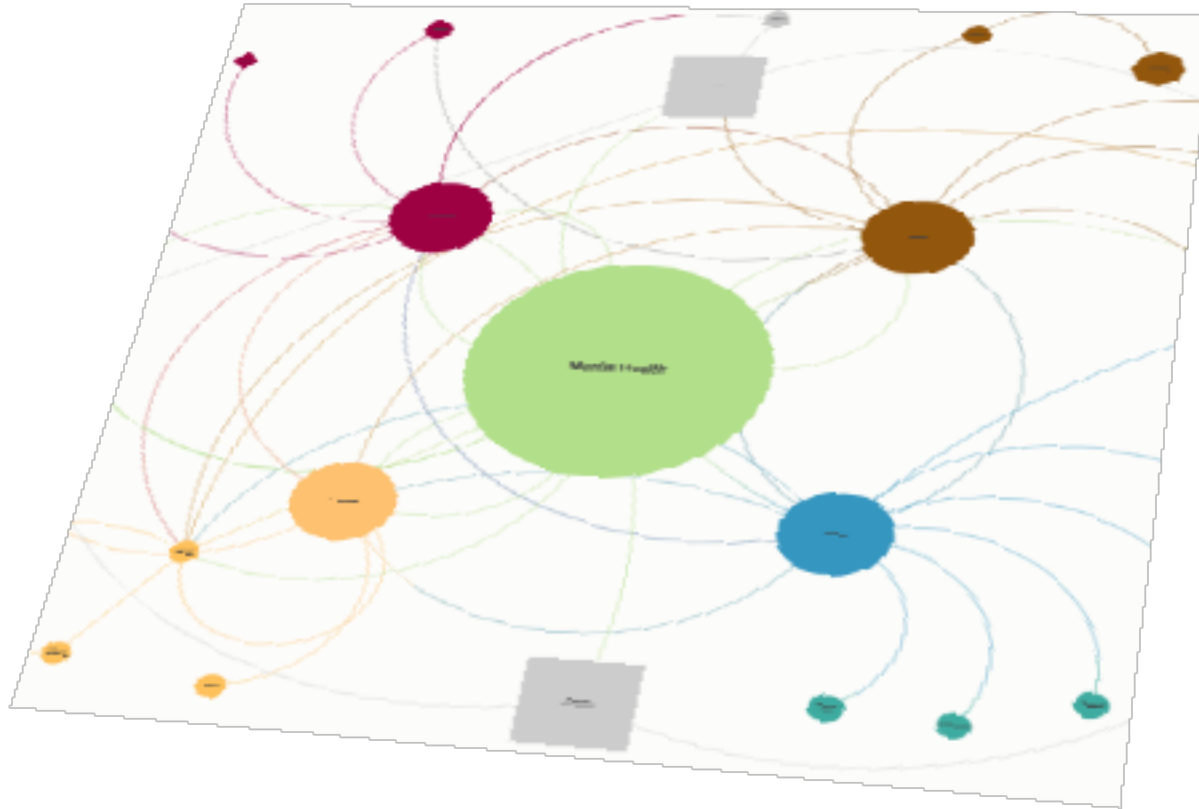
# Coping and Thriving

## The need for wellbeing to inform strategies



# Complex Mapping

[Mental Health Bury](#)  
• [MH Map](#) • [Kumu](#)



[kumu test | The Bury Directory](#)

# Report and Action Plan

Area responsible	No.	Recommendations	Lead	Comments	Start	End	January	February	March	April	May	June	July	August
Societal / Economic	1.1	Community Wealth Building - Living wage anchor institutions	JMC	Look at Prestons Model	Jan-24	Mar-24								
	1.2	Refresh Bury's child poverty strategy	JMC	Review status	Apr-24	Jun-24								
	1.3	Make school meals free as the default	LB & FV	model, some of this happens.	Feb-24	May-24								
	1.4	Provide more financial advice in health and social care, housing settings and more mental health care for people receiving social security	JMC	Bury review-speak to CAB	Apr-24	Jun-24								
	1.5	Employment and Learning in adulthood	JMC & LB	balance, Samaritans workplace training, flexible low	Mar-24	Jul-24								
Environmental	2.1	Decent affordable, secure housing	JMC	PFE plan at consultation stage	Mar-24	May-24								





## BETTER TOGETHER BURY

**Co-producing a mental health complex system map and action plan for the Greater Manchester Borough of Bury**



So what's the ask of the H&W board.....

**To endorse the recommendations in the draft report provided.**

Any Questions and a Huge Thank You in advance !

[L.buggie@bury.gov.uk](mailto:L.buggie@bury.gov.uk) & [J.t.mcglyn@bury.gov.uk](mailto:J.t.mcglyn@bury.gov.uk)





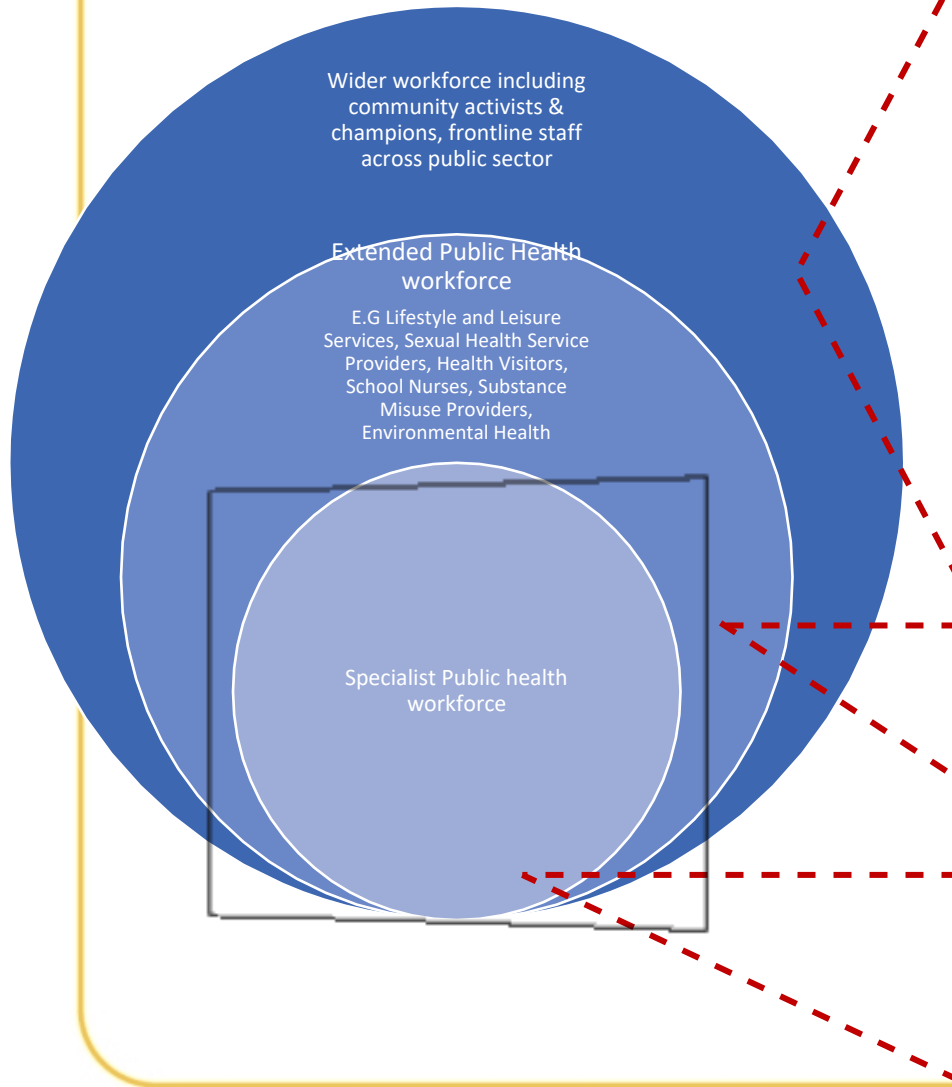
# Building Public Health (PH) Capacity and Capability

*Making it Everybody's Business*

Lee Buggie  
*Public Health  
Specialist, Live Well  
& Healthy Place*

Agenda Item 7a

# 'Workforce' in scope



Pathway (with potential branches to other pathways)	Providers
<p>Helping Yourself to Wellbeing</p> <p><b>BALC have taken this on as the forward-facing course provider</b></p> <p><b>Still have community org's delivering the courses</b></p>	<p>Early Break, Staying Well Team, ADAB, Adullum, Bury Hospice, Calico, Livewell Team, The Attic, Trust house Foodbank/Community Centre, One Step Bury, Brandlesholme Community Centre</p> <p><b>Past Providers that have potential to deliver:</b> Childrens centres, Job centres, Achieve, Pennine stroke team, Veterans. BALC</p>
<p>MECC/All our Health</p> <p><b>Looking at MECC 2024</b></p>	<p><b>Health Education England</b></p> <p><a href="https://www.makingeverycontactcount.co.uk">Training in MECC (makingeverycontactcount.co.uk)</a></p> <p><a href="https://www.e-lfh.org.uk">All Our Health - elearning for healthcare (e-lfh.org.uk)</a></p> <p><b>Needs some local coordination and development</b></p>
<p>RSPH Level 1 &amp; 2 Health Improvement &amp; CICA</p> <p><b>PSLT &amp; Active Practices</b></p>	<p><b>Bury Adult Education Service (BALC TEST CENTRE)</b></p> <p><a href="#">RSPH   Qualifications and Training   Royal Society for Public Health UK</a></p>
<p>Level 3 Community Health &amp; Well-being Apprenticeship</p> <p><b>Working with Bury College</b></p>	<p><a href="#">Community health and wellbeing worker (level 3) - apprenticeship training course (education.gov.uk)</a></p>
<p><b>Level 6 Public Health Practitioner with integrated degree (or UKPHR registration via Portfolio)</b></p> <p><b>Pipeline Cont.....</b></p>	<p><b>Salford University (January start dates and pipeline)</b></p> <p><a href="#">Public health practitioner (integrated degree) (level 6) - apprenticeship training course (education.gov.uk)</a></p> <p>North West PHP registration scheme</p> <p><a href="#">Champs   Public Health Collaborative (champspublichealth.com)</a></p>
<p><b>Masters in Public Health</b></p>	<p>e.g. Liverpool, Manchester, Salford, Lancaster Universities</p>
<p><b>Specialist Public Health Training Scheme (or UKPHR registration via Portfolio)</b></p>	<p><b>HEE NW School of Public Health</b></p> <p><a href="#">School of Public Health   Health Education North West (nwpgmd.nhs.uk)</a></p>



**THE BURY DIRECTORY**

Home Information & Services What's On SEND Local Offer Care Leavers Offer Bury Carers Information Business Channel

- Adult Social Care**  
Find Adult Social Care services, information, advice, care & support available to adults in Bury to meet individual need.
- Children, Young People & Families**  
Find services, information, advice & support for children & their families in Bury, including childcare, education & SEND.
- Health, Wellbeing & Lifestyle**  
Find activities, services, information, advice & support available to help Bury residents improve their health & wellbeing.

Home > Addiction & Substance Misuse Help & Support in Bury > Communities in Charge of Alcohol (CICA)

## Communities in Charge of Alcohol (CICA)

★★★★★ 0 Reviews

Share

Favourite

### Are you drinking too much?

"Communities in Charge of Alcohol" (CICA) is a Greater Manchester initiative that has been developed by Bury Council alongside Public Health England and Greater Manchester Devolution.

The project aims to kick start the development of a network of community alcohol champions. It builds on the principle that local communities should be empowered to take charge of their own health. and

READY FOR A NEW YOU?



RSPH Level 1 Award in Health Improvement i

27 centre(s) offering this qualification



RSPH Level 2 Award In Understanding Mental Wellbeing i

40 centre(s) offering this qualification



RSPH Level 2 Award for Young Health Champions i

34 centre(s) offering this qualification



RSPH Level 2 Award in Understanding Health Improvement i

77 centre(s) offering this qualification



RSPH Level 2 Award in Supporting Behaviour Change (Health and Wellbeing) i

49 centre(s) offering this qualification

All Our Health bite-sized elearning sessions to help professionals protect and improve the nation's health.

www.e-lhs.org.uk/programmes/all-our-health

elfh  
eLearning for Health Care

Office for Health Improvement & Equities

**Bury**  
Council

# What's next for 2024

**Feed into Bury's Locality Workforce Strategy**

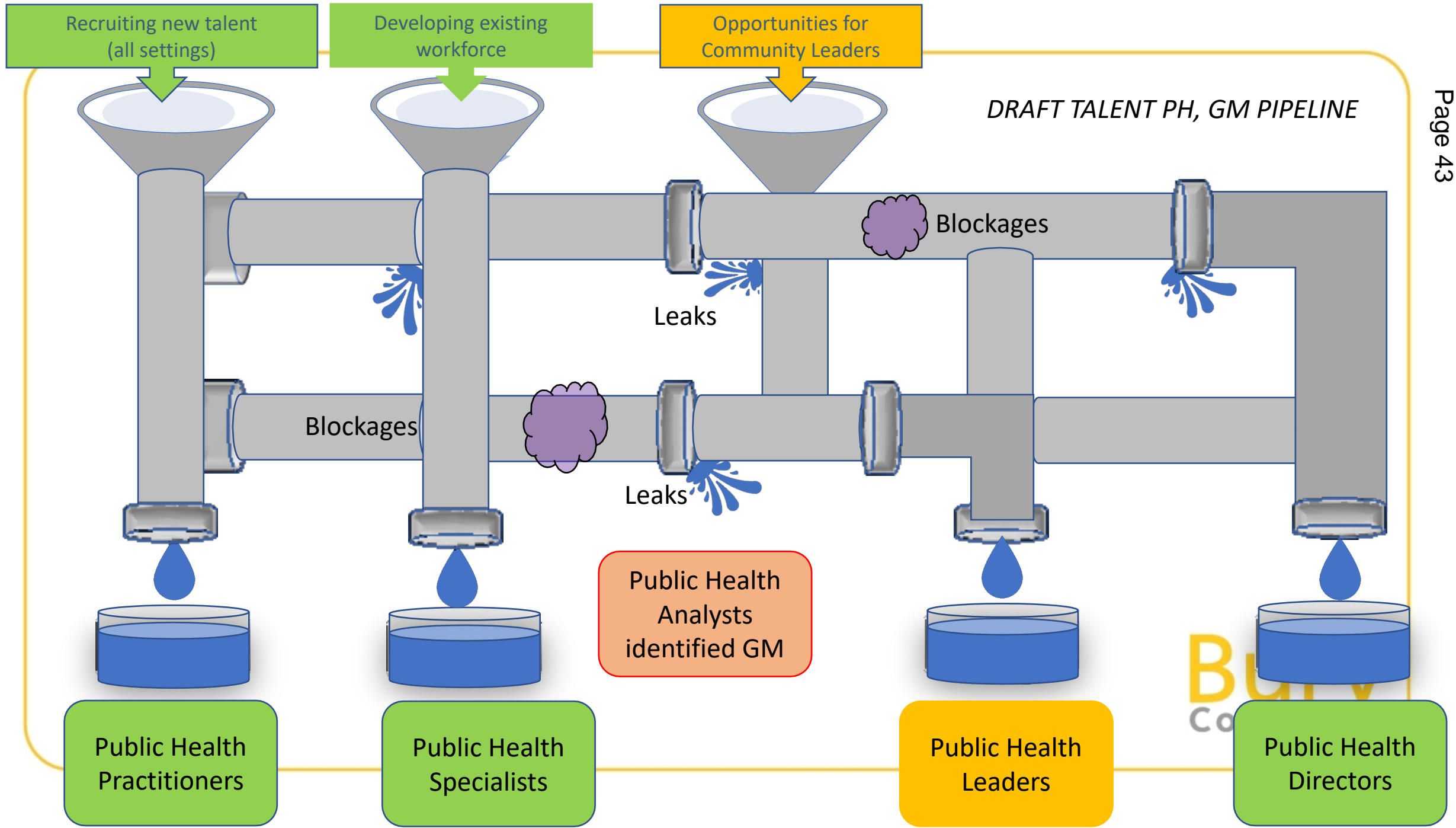
Build capacity via the **Council's Levy function**

Strengthen **Public Health reach** and **tackle Inequalities**

Embed **PH upskill** into **Employee CPD** across stakeholders

**Internal upskill** for **Public Health staff** as **CPD**

**Focus on extended PH workforce**



# Extended PH Workforce Development

Extended Public Health workforce (eg Lifestyle and Leisure Services, Sexual Health Service Providers, Health Visitors, School Nurses, Substance Misuse Providers, Environmental Health)			
Description	Provider	Cost	Link
<b>Population Health Fellowship (North West)</b> an opportunity for NHS clinical staff across the multi-professional team to develop skills in population health. The fellowship targets early to mid-career registered healthcare professionals providing NHS services (AfC band 6 and above, or equivalent; dentists-in-training; doctors-in-training post-FY2 and their SAS equivalent). The aim of the fellowship is to develop a network of clinicians from a non-population health background with population health skills to benefit place-based healthcare systems across England.	Health Education England - NW Population Health and Prevention Network		<a href="https://www.nwcpwd.nhs.uk/population-health-and-prevention-network/">Population Health Fellowship – North West - North West Population Health and Prevention Network (nwcpwd.nhs.uk)</a>
<b>Leading Prevention in Clinical Services – A Toolkit Approach</b> is an e-learning programme is intended to support leaders and service managers to guide their teams through the process of re-designing services to support prevention. Designed as a 5-step process, the programme provides a practical toolkit of useful resources to help individuals and multidisciplinary teams identify their unique contribution to implement quality improvement initiatives to transform services.	Various providers	Paid-for and free courses	<a href="https://www.nwcpwd.nhs.uk/partnerships/leading-prevention-in-clinical-services-a-toolkit-approach/">https://www.nwcpwd.nhs.uk/partnerships/leading-prevention-in-clinical-services-a-toolkit-approach/</a>
<b>Apprenticeship training course - Level 3 Community Health &amp; Well-being Apprenticeship</b> To work in partnership with individuals and their communities to identify and address health and wellbeing needs, improve health, prevent ill-health and reduce inequalities.	Various providers	PAID-FOR	<a href="https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/659">https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/659</a>
<b>Healthcare Assistant Practitioner (Level 5)</b> - Providing, supervising and coordinating high-quality and compassionate health and social care for a wide range of people.	Various providers	PAID-FOR	<a href="https://www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-assistant-practitioner-v1-0">https://www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-assistant-practitioner-v1-0</a>
<b>Apprenticeship training course - Public health practitioner (integrated degree) (level 6)</b> - Assessing and managing risk of disease and ill-health, and the prevention of premature deaths.	Various providers	PAID-FOR	<a href="https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/507">https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses/507</a>
<b>BSc Public Health Practitioner Degree Apprenticeship</b> has been developed through consultation with Public Health England and employers working in a range of public health related fields to enable successful graduates to work in the field as registered Public Health Practitioners. Suitable for those working in a public-health related role who wish to develop their careers further, or those employed as a new entrant apprentice in a public-health related role.	University of Salford	PAID FOR	<a href="https://www.salford.ac.uk/courses/degree-apprenticeship/public-health-practitioner-public-health-practitioner-degree">https://www.salford.ac.uk/courses/degree-apprenticeship/public-health-practitioner-public-health-practitioner-degree</a>

# How do we make PH everyone's business ?

## Recommendations:

1. Immediate workforce employee review reviews and 1 to 1's
2. Keep PH workforce on all agenda's
3. Advocate for PH training across leadership platforms

Thank You and  
Any Questions ?

Page 45

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# Health inequalities event

## 05/12/24

**BURY**  
LET'S Do It!

### Purpose of the session

- To provide an insight into inequalities in Bury and our approach to using our health and wellbeing board to identify and address them.
- An overview of how all our plans and strategies are contributing to reducing inequalities.
- An interactive session working through how all partners can build on their existing contributions to further reduce inequalities through the LETS principles.

# Health inequalities event (Part 1)

## Areas of discussion

- Transport strategy
- Economic development strategy
- Community Safety Partnership strategy
- Volunteering strategy
- Housing strategy

## key question

- What more can be done to reduce inequalities within these strategies?



**BURY**  
LET'S Do It!



# Key themes

- Need for ongoing focus on younger people with positive opportunities for most disadvantaged and deprived.
- Need to focus on raising aspirations while understanding the barriers different groups experience.
- Need to challenge norms and stereotypes to open up wider opportunities for different groups.
- Reinforce the need for decent pay, flexible employment and career progression.
- Need to create an attractive town/place to want to come to Bury to work
- Create a village/communities (protective measures), resilience building
- Need to fully utilise data and intelligence to understand local issues
- Appropriate support for people who have not met thresholds

## Key themes

- Need more structured support and opportunities into volunteering.
- The importance of sharing the impact and difference volunteers can make to promote.
- Focus on bringing tired and dated existing accommodation up to scratch.
- Have a focus on how our young people with specific needs are supported to step up to maintain their own tenancies.
- Explore how affordable and availability can be addressed particularly in the areas where there is a shortage e.g. Prestwich, Ramsbottom and Whitefield.
- More dedicated support for specific groups including asylum seekers and refugees during the transition period of right to remain.

# Health inequalities event (Part 2)

## Areas of discussion

- Behaviours and Lifestyles
- Environment, place and community
- Wider Determinants
- PSR / Health and care

## key question

- What more can we do in each quadrant to improve health and reduce inequalities

The logo for Bury is a dark blue speech bubble shape. Inside the bubble, the word "BURY" is written in large, bold, yellow capital letters. Below "BURY", the phrase "LET'S Do It!" is written in white capital letters, with "Do" in a smaller font size than "LET'S" and "It!".

**BURY**

**LET'S Do It!**

# Key themes

- Opportunities for mentoring, develop network (growing the village, 16-34 year).
- Utilising community hubs as the place.
- Working through skills to grow confidence and employability skills, MH resilience.
- Focus on speech language and communications in EY.
- Making businesses part of the community.
- Vape shops / gambling establishments / on and off license premises.
- Ensuring accessibility and instilling ownership and pride in area.

# Key themes

- Food banks – growing community connections
- Creating Safe Spaces – CSP – encouraging/enabling people to access green spaces, retail.
- GP access and provision making it more equitable.
- Describing and communicating the operation of primary care.
- Neighbourhood ability to identify cohorts most at risk of experiencing inequalities.
- Localised provision where possible.
- Clarity of service offers.
- CVD focus.

## Next step

- Development of implementation plan
- Utilise Health and Wellbeing Board as vehicle to drive plan
- Use the health and wellbeing board performance framework to measure progress
- Use the wider network community to share and grow good practice