

**AGENDA FOR
HEALTH SCRUTINY COMMITTEE**



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To: All Members of Health Scrutiny Committee

Councillors : E FitzGerald (Chair), S Haroon, N Frith,
C Boles, L Ryder, M Rubinstein, I Rizvi, R Brown,
D Duncalfe and K Simpson

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 3 March 2026
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
Time:	7.00 pm
Briefing Facilities:	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.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee 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 MINUTES OF THE LAST MEETING *(Pages 5 - 12)*

The minutes from the meeting held on 28th January 2026 are attached for approval.

4 PUBLIC QUESTION TIME

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

5 MEMBER QUESTION TIME

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee.

6 WINTER PREPAREDNESS UPDATE POST WINTER *(Pages 13 - 14)*

7 HEALTH WATCH UPDATE *(Pages 15 - 56)*

Report attached from Andrew Griffiths Chief Operating Officer Healthwatch Bury

8 HOMELESSNESS STRATEGY *(Pages 57 - 82)*

To Follow

9 PUBLIC HEALTH ANNUAL REPORT *(Pages 83 - 132)*

10 PRINCIPAL SOCIAL WORKER ANNUAL REPORT - ADULT SOCIAL CARE *(Pages 133 - 140)*

Report attached.

11 CHAIRS UPDATE STANDING ITEM

12 URGENT BUSINESS

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

During Urgent business Members were reminded that the next meeting of the Health Scrutiny Committee, scheduled for 28 January, will include a partially joint session with the Children's Scrutiny Committee. The meeting will consider reports on Neurodiversity Hubs and Pathways and Maternity Services, as these matters overlap

both Health Scrutiny and Children and Young People Scrutiny remits. The Chair requested that Members of the Committee attend where possible. An invitation was circulated.

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Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 28 January 2026

Present: Councillor E FitzGerald (in the Chair)
Councillors S Haroon, C Boles, L Ryder, M Rubinstein,
L McBriar, D Duncalfe and K Simpson

Also in attendance: Councillor J Grimshaw, Councillor K Hussain, Councillor
J Lancaster, Councillor G Marsden and Councillor C Birchmore

Will Blandamer, Jon Hobday, Jeanette Richards, Wendy Young,
Dr Cathy Fines, David Latham, Sandy Bering, Christina Mlrray,
Trudy Delves, Joanne Burns, Violet Eadington

Public Attendance: 2 members of the public were present at the meeting.

Apologies for Absence: Councillor N Frith, Councillor I Rizvi, Councillor R Brown,
Councillor A Arif, Councillor D Berry and Councillor
U Farooq

HSC.97 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.98 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.99 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 27 November 2025 were agreed as an accurate record.

Matters arising: The Chair advised members that the Supplementary Planning Document for the Local Plan has been approved at Cabinet. Members had agreed to support this at the previous meeting.

HSC.100 PUBLIC QUESTION TIME

Member of the public, Kiran Hampson asked 'Can the Council explain why Bury does not currently provide access to a dedicated dietitian service for neurodevelopmental children, despite the well-evidenced links between autism, ADHD, restrictive eating, issues and nutritional deficiency, and given that Bury Paediatrics do not provide qualified dieticians in this expertise area, What support are families currently expected to rely on, how does this provision compare with neighbouring authorities, and what concrete steps are being taken to commission or provide an appropriate service, including timescales'

Will Blandamer, Executive Director (Health and Adult Care) advised that it wouldn't be for the council to provide the service and that it would be for NHS GM to provide. At this moment in time, we are not aware that we provide a dedicated service with that cohort however we will take it away and review and return in due course.

Sandy Bering, GM Strategic Lead Clinical Commissioner – Mental Health & Disabilities advised that across the country it is not mandated as a special service. There is an eating disorder service that has been rolled out. Manchester and Trafford did pilot one of the early services and this is something that we want to expand, although details haven't been agreed yet.

Member of the public Keira Delaney asked 'Can the Committee explain what formal mechanisms are now in place to ensure that information from neurodiversity assessments is shared appropriately between services, so that children and families experience a single, coordinated system rather than multiple disconnected ones? In practice, many families are still required to repeatedly share the same complex and sometimes traumatic histories with different professionals because services do not effectively communicate with each other. This leads to delay, distress and inconsistent support. What measurable actions, with clear timescales, are being taken to improve cross service communication, reduce duplication for families, and ensure that assessment outcomes in health lead to timely, joined up planning in education and social care?'

Will Blandamer, Executive Director (Health and Adult Care) advised that we are keen that there should be a multi agency approach. More details will be covered on this topic when the committee receive the report on neuro-diversity pathways.

Jeanette Richards, Executive Director Children and Young People advised that work is ongoing across the children's department to put families first including multi agency family help and family help teams out in localities. There is also work ongoing to scale up the family hub offer which will bring together experts in one place.

HSC.101 MEMBER QUESTION TIME

Councillor Birchmore asked 'Please can you provide an update on the CAMHS waiting list for children and young people and explain what is being done to reduce the current wait times?'

Will Blandamer, Executive Director (Health and Adult Care) advised that core CAMHS waiting times in Bury compare comparatively favorably across Greater Manchester with an anticipated waiting time of around 10 weeks. CAMHS colleagues continue to try and improve their management of the service to secure further improvement, and as a whole system we are working hard to support children and young people with their mental health and wellbeing and this reduce the need for CAMHS intervention through initiatives like my happy mind and also the mental health teams in schools. Our position in Bury was supported by NHS GM investing over £1m in the service a couple of years ago which closed a 16-18 year historic gap in provision.

However our waiting times for CAMHS in relation to autism and ADHD assessment are unacceptably long – nearly 2 years for both pathways. The steps being taken to address this are contained in the item on the agenda relating to Neuro diversity pathways and I am sure officers will be happy to provide further detail following presentation of this item.

HSC.102 NEURO-DIVERSITY PATHWAYS

Will Blandamer, Executive Director (Health and Adult Care) introduced the report and advised that we are making good progress in some areas and benchmark relatively well against GM.

However there are some challenges around waiting times for ADHD and autism which is an issue nationally. The waiting times are not acceptable and work is taking place locally and nationally to address this.

A standardised process has been designed to assess the needs of children and young people referred for suspected ADHD and Autism, through a multi-agency approach. This has been approved through NHS GM governance.

In Bury, we are working to establish neuro-diversity hubs an looking at system navigation and support regardless of the need for mental health diagnosis. The hubs will support with relatively early stages of intervention

The Council understands this is a challenging time for parents and NHS GM have coproduced a really good pack of info for parents and carers which was circulated to member.

The team are really keen to listen and engage with children, families and young people as we develop over time. Valuable feedback has already been received from parent care board and Bury Together

Bury Healthwatch are developing Bury Youth Watch with the SEND agenda and looking at neuro-diversity pathways/hubs as a focal point.

Sandy Bering advised that we now have a better understanding of issues and many people have some characteristics. It's important now that we have a mechanism to identify who has most severe needs and ensure they don't get lost in the system. All individuals are entitled to help irrespective of diagnostic assessment

Councillor Rubenstein asked a question around autism presenting differently in women and young girls compared to boys and whether there is a danger of people who may be diagnosed but don't want help.

Sandy Bering confirmed that lots of research has been done on boys. Triage can do face to face and check what requirements are required and we need to ensure individuals have the right support in place at the right time.

Councillor Lancaster queried what the changes to the autism and ADHD process would look like for those already on the waiting list and how we will make sure they are not pushed back further

Sandy Bering confirmed that we need to ensure people are treated fairly. A large sum of money has been identified to support trusts to review their waiting lists to ensure they remain up to date. This could take up to 18 months to complete.

Sandy Bering confirmed that all trusts had been written to asking for them to provide the details of their waiting lists which will then help to create the timeline for moving forwards.

Councillor Lancaster queried autism and ADHD being classed as a disability and where this sits with protected characteristics?

Sandy Bering confirmed that it is illegal to use diagnosis as a way to restrict access and that additional support and adjustments can be put in place

Joane Burns, Union representative for schools queried what happens to those completing the paperwork today/tomorrow? She went on to explain that it feels like sometimes we are not in this together and there is no clear distinction around who will be referrer? She also highlighted that she can't see how we can put more work into schools, there are already concerns around referrals going missing

Will Blandamer responded saying that we all know that the system is broken and we are working to attempt to improve it but it requires a whole partnership endeavour.

Violet advised that on the BeeHeard Group in Manchester which is a youth voice focus group that work on mental health there mental health passport being developed. She also queried how we will manage the risk of worsening symptoms, for example, checking those who were doing ok yesterday but today might be on the brink of being lost?

Chris advised that we can't change things immediately. This is about designing how we improve things and communication is important. Around the query of how do we monitor people; they should be contacted regularly, ensure they have a plan in place and know that the door is never closed and that they can return.

Joanne Burns queried whether the paperwork was going to be streamlined for parents and whether it could be in dual language. She also highlighted that we can only advocate for people if we know there has been a problem/breakdown

Councillor Fitzgerald stated it would be helpful to understand what the communications would be and how people can get involved to make recommendations?

Will Blandamer advised that there are lots of ways to engage with people and that all providers have been challenged to strengthen and improve their engagement and connection with parents.

Councillor Smith stated that we need coproduction and partnership which is being worked on.

Jeanette Richards, Executive Director Children and Young People advised that it is difficult to progress change when practically all aspects of the system are broken. The team have met with the Department for Education to discuss reforms and the need to pivot the system to deliver for schools and children

Councillor Smith highlighted that this is about how we wrap services around family and children as early as possible and it is important that we get it right

Councillor Fitzgerald stated that everyone knows the system is broken and everyone wants to improve it. Reflecting on the timeframe, it has taken 2 years to get to this point and we need to ensure that people understand where we are and where we're going

Will Blandamer thanked all members for discussion and confirmed would return to provide:

- Confirmation on and clarification of how we are engaging and listening across the partnership
- Update that describes detail of how it will look
 - Triage process
 - Maturity of community offer
 - Routes of referral

HSC.103 MATERNITY SERVICES UPDATE

Councillor Fitzgerald reminded members this report was being discussed following a request by members.

Dr Cathy Fines introduced the report and reminded members that Bury don't commission maternity services but we want to make sure the experience for Bury ladies is as good as possible.

Jon Hobday, Director of Public Health advised members that there is a pretty steady birth rate and highlighted ambitious targets to reduce smoking during pregnancy, although Bury's figures are at an all time low as well as being in front of GM and lower than national average. Jon also highlighted low birth weight and that this broadly aligns with areas of deprivation

David Latham highlighted the national and GM priorities as well as the GM system performance measures.

Trudie advised members on the infrastructure that Bolton provide for Bury ladies including community midwives who provide support. Midwives have recently attended training on pregnancy circles which is a different way of providing antenatal care. Ladies see midwives in a group and through this method have more hours of midwives time and develop relationships/peer support groups. There have been IT issues which the teams have been working on resolving.

Councillor Rubenstein queried what we could draw from the performance information?

David Latham advised that colleagues do quality and performance management of the trust and Manchester and Bolton are on track to score 10 out of 10 full compliance.

Dr Cathy Fines advised that the Maternity voices partnership is national way we review journey across GM partnership and providers

Councillor McBriar queried how we could reduce smoking in pregnancy to zero?

Jon Hobday confirmed it was a challenge. More funding has been received to do more innovative work including earlier education with the younger generation

Councillor Boles queried how can we be assured that those voices of BAME women who are 3 times more likely to die in childbirth, and Asian women who are twice as likely to die in childbirth, are included in service redesign?

Dr Cathy Fines confirmed that Healthwatch did some work a couple of years ago and found there were pockets of ladies who weren't booking early. Some of this was due to culture and work has been done to improve outreach and education.

Councillor Boles also queried the responsibility of hospitals as well?

Trudie confirmed this was very much high up on agenda including annual cultural training, providing dual languages and encouraging ladies to speak in their preferred language.

Councillor Ryder expressed concern at some of the statistics, which underlines the importance of getting Family hubs in place to provide support. She also queried when we will start to see more refreshed data to reflect family hubs having improving impact?

Jon Hobday advised it depends on the individual data sets using but confirmed we are using the most up to date data available to us.

Councillor Fitzgerald queried the adverse relationship between children underweight and overweight when they finish KS2 and how do we see what we are doing is having impact?

Jeanette Richards confirmed that we are taking opportunity to bring partners together. Focus is from point of conception and bringing support services together but optimistic that we will see some impact.

Councillor Simpson queried whether data on vaping was included?

Jon Hobday confirmed that this data is specifically related to smoking. Work is being done to encourage young people to stay away from vaping; this is a public health issue that we need to do more work on.

Councillor Simpson also queried whether we take similar action on vape shops as we have with fast food?

Councillor Fitzgerald confirmed this was something we could take away and reminded members that young people did a motion on disposable vapes.

Councillor Smith advised that nationally there is a move to licensing vape shops, and when it comes through will be able to monitor shops more effectively.

Councillor Fitzgerald thanked everyone for attending and the presentation.

HSC.104 BURY ADULTS SAFEGUARDING ANNUAL REPORT

Adrian Crook, Director of Community Commissioning introduced the report and reminded members that the Care Act 2014 was the first act that made safeguarding statutory. The report contains an overview of performance of team in Bury and contains learning from 3 Safeguarding Adults Reviews and Operation Vardar.

Councillor Boles queried assurance for young people transitioning to adult services.

Adrian Crook, Director of Community Commissioning advised that the report is about safeguarding and not all adults need to be transitioned. Adults definition of safeguarding is at risk or has experience of abuse or neglect. Need to look at how we make sure we don't lose them. There are different approaches between children's and adults

Jeanette Richards, Executive Director Children and Young People confirmed that at Children and Young People scrutiny, they look at complex safeguarding. There is some joint work on transitional safeguarding as there are some individuals who are over 18 who we still have responsibility for

HSC.105 URGENT BUSINESS

There was no urgent business.

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)

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BURY
INTEGRATED CARE
PARTNERSHIP

Bury Winter Update 2025-26

Part of Greater Manchester
Integrated Care Partnership



Winter Update

Prior to Winter the Bury UEC System commenced planning for the anticipated Winter pressures. This planning process was reported to the Health Scrutiny Committee. The following is a requested update on the robustness of the arrangements and planning process to date (23.2.26).

- Firstly, it should be noted that as at 23.2.26 the UEC system is still considered to be in the winter alert mode.
- The Bury UEC System, continues, to performed very well, winter planning arrangements, were and remain effective.
- The main goal of winter planning is to try and assure that the local hospital and other services across the UEC partnership do not hit OPEL 4. To date this has been achieved.
- Over the holiday period system wide BH/Weekend conference calls worked well
- Primary Care Surge and Respiratory Hubs worked well to reduce pressure on GP practices and potential A&E attendances
- Flu vaccination rates were very good and in some categories were the best report rates in GM.
- Public Health Infection control and the BARDOC antiviral service worked well to support Care Home Outbreaks
- Our pharmacy's continued to see patients under pharmacy first
- The front door arrangements at FGH helped to support lots of people to avoid A&E
- IMC services and daily contact across services help to maintain good flow through the hospital
- During occasional spikes in attendances, it was noted by the CQC specifically noted that corridor care was limited and delt with quickly each morning

SCRUTINY REPORT

**MEETING: Health
Scrutiny Committee**

DATE: 3rd March 2026

SUBJECT:

**REPORT FROM:
Andrew Griffiths –
Chief Operating
Officer Healthwatch
Bury**

CONTACT OFFICER:

1.0 BACKGROUND

Healthwatch Bury – Q3 2025/26 Summary

Overview

In Quarter 3 (Oct–Dec 2025), Healthwatch Bury delivered extensive engagement, strengthened partnerships, and supported residents through advocacy, despite national uncertainty around the future of Healthwatch. Funding is now confirmed through March 2027, ensuring continuity and sector stability.

1.1 Key Activity & Engagement

- Over 500 public interactions through events, drop-ins, calls, and outreach.
- Strong presence in GP practices, community centres, housing groups, and wellbeing events.
- Weekly office drop-ins (Tue–Thu) provided support on housing, GP access, prescriptions, mental health, and social care.
- Engagement with older people, carers, veterans, people with neurological conditions, and community groups across Bury.

1.2 Major Projects

Prostate Cancer Experience Survey (GM-wide)

- 135 survey responses to date, plus interviews and focus groups.
- Findings will inform a cross-GM report delivered by Healthwatch Bury.

Prescription Services Follow-Up (Bury North)

- Reviewed patient-led prescribing pilot.
- Report published with stakeholder responses and volunteer-produced infographic.
- Ongoing engagement with the Integrated Care partnership to support the NHS app drop-in sessions in the community wherever support is needed.

Enter & View

- Visits completed at Grundy Day Care Centre (positive feedback).

- Two visits to Fairfield Hospital A&E—report pending.
- New authorised volunteers, including younger volunteers, joined the team.

Veterans Engagement

- Participation in the Armed Forces Covenant Conference.
- New partnership with HMS Eaglet; expanded veterans survey.
- Promoted Veterans Information Leaflet and explored becoming a Valour Centre hub.

Additional Workstreams

- District Nursing collaboration to improve communication and patient materials.
- NHS engagement project launched for VCSE groups supporting people with neurological conditions, collaborating with the GM Neurorehabilitation and Integrated Stroke Delivery Network to bring the findings from the patient feedback to influence the wider GM strategy. The report from this will be presented to the local providers and decision makers.

1.3 Public Feedback & Themes

There were 63 cases in the Q3, all were signposted.

Main issues:

- GP access & admin challenges
- Hospital delays, diagnostics issues, cancelled procedures
- Mental health support gaps (crisis care, ADHD pathways)
- Social needs including housing, loneliness, welfare support
- Patient Transport failures leading to missed appointments

1.4 Impactful Casework

- Urgent hip surgery case: Healthwatch escalation led to rapid hospital action, clearer communication, and scheduled treatment.
- Dementia patient support: Direct connection to adviser service, GP review arranged, and access to local resources ensured.
- Podiatry concerns: Escalation resulted in improved care, updated pathways, and patient involvement in service improvement.

1.5 Digital & Communications

- Website: 10,000 visits and 15,000 pageviews
- Social media growth across Facebook, LinkedIn, Instagram, and Bluesky
- 15 news articles published and regular bulletins shared

1.6 Governance

- Board meeting, councillor drop-in, and AGM held in Q3.
- 2026 Board schedule under review

2.0 ISSUES *[brief]*

2.1 Healthwatch Future

Despite challenges, Healthwatch Bury's efforts have led to improved patient experiences, strengthened partnerships, and enhanced community support across various health and social care areas. With funding confirmed through to March 2027, Healthwatch Bury continues to focus on community engagement, advocacy, and collaboration with local councils and partners.

With all the ongoing uncertainty in the background, we have decided to take a more focussed approach to our work this year, which will focus on the voices of Children and Young People through our Youthwatch proposition, and our work with Veterans, looking to collaborate with partners to achieve 3 key goals by the end of the year.

3.0 CONCLUSION *[brief]*

Healthwatch Bury continues to be the independent voice of the people of Bury on health and social care matters. We are the critical friend to the system, looking to ensure the people of Bury get the help they need when they need it.

4.0 SAFEGUARDING IMPLICATIONS

None

List of Background Papers:-

Contact Details:-

[Report Author]

Executive Director sign off Date: _____

JET Meeting Date: _____

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Activity Report

Report of the Healthwatch Bury activities in Quarter 3
(October – December 2025)

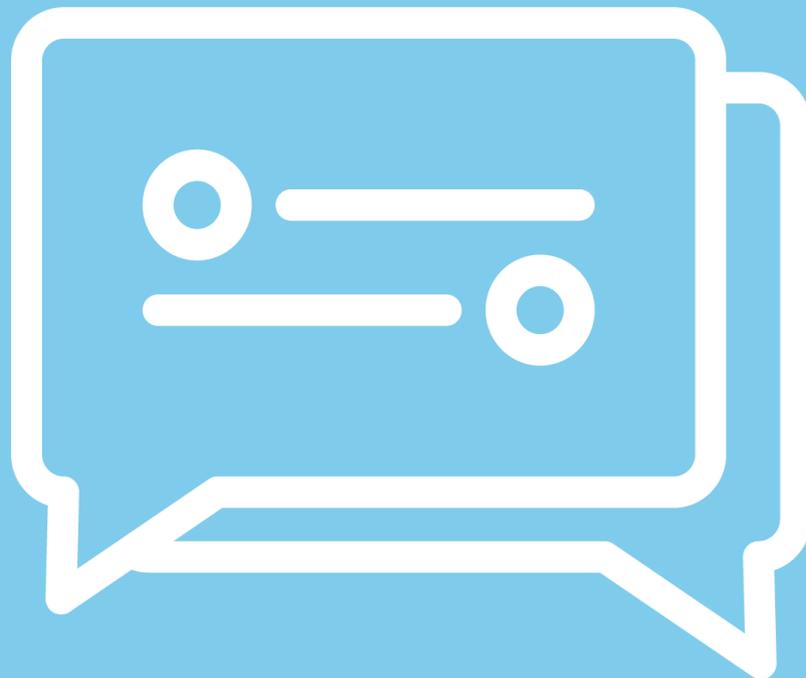


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Healthwatch News

Quarter 3 2025/26



Welcome to our new volunteer, Dr Sarkar

After qualifying as a medical graduate at the age of 21, from Calcutta [Now Kolkata], India, I came to England in 1966. I worked in the NHS for about 35 years, initially in various specialties in England for a few years. After working as a General Practitioner at the Ramsbottom Health Centre, Bury, for 25 years, I retired in 2001.

After my retirement, I enrolled in the in the Adult Learning Centre in Bury, to become an artist. I exhibited my paintings regularly at the Bury Art Museum, as a member of the Bury Art Society. I also had some interest in astronomy, and I am a member of Heaton Park Astronomy Group.



However, during the lockdown period., I started reading medical books and watching numerous YouTube videos about the health-related subjects. As a result, I changed my own eating habits and lifestyle to improve my health. Then, I decided to write a book entitled "A Simple Guide to Staying Healthy and Living Longer" which was published last year. The book is now available from Amazon eBay and other websites.

At present testing fasting blood insulin level, is not available under NHS for the patients. As it is very important to know, in order to prevent chronic illnesses, I would like to campaign for its availability under the NHS for patients.

Q. Why knowing fasting blood insulin level, is very useful to determine people's metabolic health to prevent chronic illnesses like obesity, type 2 diabetes, mental illnesses etc.

Fasting insulin level is a powerful early indicator of metabolic dysfunction, often revealing risk for chronic illnesses long before blood sugar level change.

Fasting insulin level measures how much insulin your body produces, after not eating for 8 to 12 hours, unlike blood glucose or HbA1c, which reflect blood sugar level. Fasting insulin reveals how hard your body is working to maintain normal glucose level. Elevated levels suggest insulin resistant -- condition where cells become less responsive to insulin, forcing the pancreas to produce more to compensate.

These matters because insulin resistance is a root cause of many chronic diseases. It precedes and

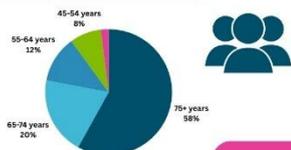
predicts type-2 diabetes, often by years. High fasting insulin is also linked to obesity, as excess insulin promotes fat storage and inhibits fat burning. Moreover, insulin dysregulation contributes to cardiovascular disease, fatty liver, and even cognitive declines (Alzheimer's Dementia) and mood disorders (anxiety, depression, schizophrenia, bipolar disorders)

Prescription services in Bury North



About our survey
The purpose of this survey was to follow up on exploring patient experiences with patient-led prescription models

Who are the respondents?



Confidence



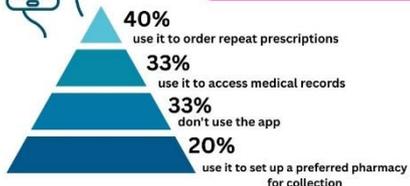
92%
feel comfortable asking for further information from their pharmacists

Delays

48%
experienced no delays getting prescriptions approved but **48%** did



NHS app



We're pleased to share the findings of our latest engagement project examining prescription services in the Bury North area. This focused follow-up study explores how patients are experiencing the evolving prescription landscape, particularly as patient-led ordering models are introduced.

Building on our prescription research from 2024, this targeted engagement was designed to assess the real-world impact of new approaches to prescription management. The shift toward patient-led ordering represents a significant change in how people access their medications.

This project gave the opportunity to capture direct feedback from residents in Bury North, understanding both the successes and ongoing challenges as these new systems take root in local healthcare landscape.

A special acknowledgment goes to our volunteer Aaliyah, whose contributions have been invaluable to this project. Aaliyah has supported with the following:

- Creating an infographic that transforms complex data into accessible, visually engaging insights that can be easily shared with the community and decision-makers
- Contributing data analysis and research that helped us

identify meaningful patterns and trends in patient experiences

This report represents another chapter in our ongoing dialogue with Bury Integrated Care Partnership about prescription services—a conversation that began with our original prescriptions project and continues as we monitor how changes affect real people in our community. These sustained relationships enable us to track progress, identify emerging issues, and ensure that patient voices remain at the centre of service development.

The full report, official response, and Aaliyah's excellent infographic provide a snapshot of prescription experiences in Bury North.

Access the complete report, response, and infographic here: [Prescriptions follow up project report | Healthwatch Bury](#)

Enter and View Report on Grundy Day Care Centre



We are thrilled to announce the publication of our latest Enter and View report following comprehensive visits to Grundy Day Care Centre in September and October 2025. This marks a milestone for Healthwatch Bury, our first report since relaunching the Enter and View programme, demonstrating our renewed commitment to amplifying the voices of local residents and driving meaningful improvements across health and social care services.

This achievement would not have been possible without the exceptional dedication and expertise of Alison Slater, our Enter and View Lead and Board Member. Alison's professionalism, attention to detail, and passion for championing service users' experiences have been instrumental in bringing this report to completion. Her leadership has set a strong foundation for the programme's relaunch and future success.

The Enter and View programme represents one of Healthwatch's tools for creating positive change. These visits allow our trained volunteers to enter health and social care premises, observe services firsthand, and speak directly with service users, staff, and families. The insights gathered form the basis of comprehensive reports that highlight both excellence and areas for improvement—ensuring that local voices directly influence the quality of care provision.

Through our visits to Grundy Day Care Centre, we've captured valuable feedback about the experiences of those using this vital community service, contributing to our wider mission of ensuring that people remain at the heart of care delivery in Bury.

The successful completion of this report reaffirms our position as the independent champion for people who use health and social care services in Bury, and our determination to hold providers accountable while celebrating good practice. The infographic on the left has been created by our volunteer, Aaliyah to present the overview of the visit.

Access the complete report here: [Healthwatch Bury: Enter and View Report on Grundy Day Care Centre | Healthwatch Bury](#)

Military Veterans Engagement Work

Healthwatch Bury strengthened its work with the armed forces community through a series of engagement activities and partnership-building.

Bury Armed Forces Covenant Conference

Healthwatch Bury attended the Bury Armed Forces Covenant Conference at the Fusiliers Museum, bringing together local organisations involved in housing, health and veteran support.

At the event, we presented our recent work with GP practices to help ensure veterans are correctly identified in primary care systems and receive the support they are entitled to. We also showcased our new Veterans Information Leaflet, created to collate key contacts and local support options for the armed forces community.

The conference also provided an opportunity to promote our Prostate Cancer Project, emphasising its relevance for the veteran population and encouraging early detection and awareness.

We additionally expressed our interest in becoming a future Valour Centre partner, positioning Healthwatch Bury as a hub of ongoing support for local veterans and their families.

Building Strategic Relationships

At the event, we established a new connection with Lieutenant Assistant Naval Regional Commander Antonio Valente (NW) from HMS Eaglet. This led to a dedicated follow-up meeting on 23 October 2025 to discuss Healthwatch Bury's veterans' engagement initiative and explore collaborative opportunities.

Together, we explored issues commonly affecting veterans, including:

- Homelessness and housing
- Access to mental health services
- Employment and skills support
- Affordability of wellbeing activities
- Improving recognition and visibility of the veteran community across Bury



- As a result of this meeting, we agreed to expand our veterans' questionnaire to capture these additional areas. Insights will be shared with Lt. Valente's team to support the region's wider armed forces strategy. We also shared relevant community contacts and offered the Healthwatch Bury office for future engagement sessions.

Lt. Valente also took away information on several Healthwatch Bury projects – including our Prostate Cancer Project and ongoing community focus groups – to explore how his team may support or participate in future activity.

Prostate Cancer Research project update

We're pleased to share that the Prostate Cancer survey project is now live. Please find the online survey link here:

<https://www.smartsurvey.co.uk/s/HWBPCS/>

Healthwatch Bury has led and managed the project, but it will be delivered collaboratively under the Healthwatch in Greater Manchester.



The poster features the Healthwatch logo at the top. The main heading asks 'Have You Been Diagnosed with Prostate Cancer?' and states that the survey is now live. It encourages men to share their experiences to help improve services. Contact information for the website and email is provided, along with a QR code. The bottom of the poster shows a person holding a light blue awareness ribbon.

healthwatch
In Greater Manchester

Have You Been Diagnosed with Prostate Cancer?

Your experience could help others

Healthwatch Bury has launched a new independent project to gather insights from men affected by prostate cancer, aiming to raise awareness and improve services.

We're looking for men to share their experiences to help raise awareness and shape better services. Get in touch or scan the QR code to take part.

Website: <https://healthwatchingm.co.uk/>
Email: info@healthwatchingm.co.uk



The survey has been extended to run till the middle of February, and our goal is to reach as many men across Greater Manchester as possible. This is a fantastic opportunity to collaborate on a meaningful piece of work for GM and deliver impactful outcomes.

To date, we've received 135 survey responses from individuals across Greater Manchester. In addition to the survey, we've conducted several one-to-one interviews to gather more in-depth feedback, and held another focus group in December, attended by two participants, who shared valuable insights.

These engagement activities are helping us build a clearer picture of community experiences and needs, which will inform the next phase of the project.

Healthwatch England also recently published the following showcasing the importance of this topic: [Men's Health Prostate Cancer press release](#)

NHS Engagement Project Opportunity

Healthwatch Bury, in partnership with VCFA, is inviting applications from VCSE groups to take part in a small-scale project aimed at improving access to and experiences of healthcare for people with neurological conditions in Bury.

Healthwatch Bury currently have funding for a small-scale project working in partnership with Bury VCFA to improve access to and experiences of healthcare for individuals with neurological conditions (e.g. stroke, multiple sclerosis, Parkinson's disease) in Bury.

We are looking for 3-5 VCSE organisations with an interest in this work to be supported in gathering peer insights and contribute to sharing future local NHS strategies and approaches. Organisations/Community groups do **not** need prior experience in community/patient engagement or research; training and support will be provided.

Further eligibility information and guidance can be found on our website (click the button below) but if selected your organisation will receive a small grant to support delivery as well as ongoing support from Healthwatch Bury and VCFA. [NHS Engagement Project Opportunity | Healthwatch Bury](#)



Current work streams

Quarter 3 2025/26



Foreword from Chief Operating Officer, Andrew Griffiths

Whilst recent months have challenged the network following the announced planned closure of Healthwatch through the publication of the Dash Report and NHS 10-year plan, our work plan and focus have not changed. We have faced this news head on, not downed tools, but more so galvanised ourselves and doubled down on our focus to help the people of Bury. We have the fantastic news that our funding has been confirmed through to March 2027, and we are continuing to strengthen our collaborative partnership with the Council and other partners to position ourselves as a vital part of the VCFSE community.

On a bigger level, Healthwatch in Greater Manchester will be working closely with Mayor Andy Burnham to look at what a GM model could look like in the future following his vocal support of the Healthwatch function in November 2025 at the GM ICP. The 10 localities are meeting regularly to help design and build this model, focussing on maintaining a local presence but with a more structured overarching level of consistency and direction as a single focal point at a GM level.

I am extremely proud of my team and their hard work and dedication to the cause and look forward to delivering bigger and better for the people of Bury in 2026. We will lead the way in representing resident voice in Bury and in GM, and I know we will be famous for what we do.



Bury

Greater Manchester Healthwatch Prostate Cancer Experience Survey

We're pleased to share that the Prostate Cancer Experience Survey Project has been running since September and remains live. [Greater Manchester Healthwatch Prostate Cancer Experience Survey](#) The survey deadline has been extended to 21 February, and to date 135 responses have been received across Greater Manchester.

As part of the engagement activity, four focus groups have already been held, with an additional focus group scheduled for 11 February. We have also carried out numerous one to one interviews with patients to seek more detailed feedback. The next steps will include analysing the survey and focus group data and collating findings into a report to be presented to stakeholders.

Healthwatch Bury is leading and managing the project, which is being delivered collaboratively through the Healthwatch in Greater Manchester network. We also continue to regularly attend Cancer Programme Board meetings to support and inform this work.

Healthwatch Engagement

Over the past three months, we've been busy getting out and about, listening to people, offering support, and making sure everyone knows where to turn for help. Whether it's housing advice, health information, or social care support, our message is simple: every voice matters.

Community engagement isn't just about talking—it's about making a real difference. By meeting people where they are, we're helping to close the gaps between services and the people who need them most, making access to health and wellbeing support easier for everyone.

We've been offering advice and support at Whitefield Housing Events, including at Victoria Community Centre, where we helped residents with housing queries and signposted them to the Bury Carers Hub and Staying Well team. At the Victoria Youth Community Centre, we supported people with housing concerns and even made a referral to Bury Hospice.

We also joined the St Michael's Winter Warmer Event, which was a great opportunity to connect with local residents and share wellbeing and housing advice. At Tottington and Prestwich drop-ins, we raised awareness about prostate cancer and offered practical support.

Our engagement with local GP practices continued. We arranged drop-in sessions across the borough, including Greenmount Medical Practice, where we spoke to 42 patients, shared

prostate cancer information, and made referrals. We also visited Spring Lane Medical Practice to share resources and promote key health projects. At the Minden Centre, we connected with 44 attendees and completed a veterans survey.

We attended International Older People's Day with Age UK Bury, sharing prostate cancer information and listening to feedback. On World Mental Health Day, we worked alongside Talking Therapies, social prescribers, DWP, and Calico to promote mental wellbeing. We also connected with the Breathe Easy Group to support discussions around respiratory health.

We joined Carers Rights Day, organised by Bury Carers Hub, where we met with 45 carers to share support services and Healthwatch drop-in details. At the Circles of Influence Away Day, over 100 young people were in attendance and support was received for Youthwatch—watch this space!

Over the last three months, we've had more than 500 interactions across events, drop-ins, calls, and visits. The key themes we're hearing from people include housing support, mental health, prostate cancer awareness, carers' rights, youth engagement, homelessness support, and social care assistance.

We'll keep working hard to support people and make sure they have the right information to navigate the ever-evolving health and social care system.

On the phone, we've helped with:

- Finding accessible transport for a Tottington resident's wife.
- Supporting a homeless individual urgently seeking accommodation and daily living support.
- Advising on PIP assessment concerns and penalty charge queries.

In Person, at office drop-ins, we've:

- Signposted asylum seekers to transport services.
- Provided NHS dentist lists and smoking cessation resources.
- Helped a couple contact Bury Housing Team about temporary accommodation.

Supporting Armed Forces Communities in Bury

Key activity included:

- **Attendance at the Bury Armed Forces Covenant Conference**

We represented Healthwatch Bury at the boroughwide conference held at the Fusiliers Museum, sharing our work with GP practices to improve identification and support for veterans in primary care. We also promoted our newly developed

Veterans Information Leaflet and highlighted the relevance of our Prostate Cancer Project to the veteran population.

- **Strategic partnership building**

At the event, we established a new relationship with Lieutenant Assistant Naval Regional Commander Antonio Valente (NW). This led to a follow-up meeting where we discussed the findings from our veterans engagement work and explored issues such as access to healthcare, homelessness, employment support and visibility of the veteran community in Bury.

Following these discussions, we agreed to:

- Expand our veterans questionnaire to include additional areas such as housing, wellbeing and employment challenges.
- Share insight and community contacts with Lt. Valente to support coordinated local action.
- Explore opportunities for Healthwatch Bury to act as a future Valour Centre and offer our office for veteran engagement activity.

Q3 activity has strengthened Healthwatch Bury's role within the local armed forces community, improved partnership working, and enhanced our understanding of the health and wellbeing needs of veterans across the borough.

Enter and View

Our Enter and View visits have now resumed. In September and October, we visited Grundy Day Care Centre, where the feedback was very positive. A draft report has been prepared and has been published on our website and our social media channels: [Healthwatch Bury Publishes Enter and View Report on Grundy Day Care Centre | Healthwatch Bury](#)

We are pleased to welcome new Enter and View Authorised Representatives, including young volunteers who have recently completed their training.

In addition, we carried out two visits to the Fairfield General Hospital A&E Department, following an invitation from the NCA to provide an independent review and assessment. During these visits, our experienced Enter and View team spoke with 28 patients and three staff members. The report is currently in draft format and will be published following Northern Care Alliance. We are currently planning our 2026 programme. We will be visiting the GP surgeries and will also be putting out the offer to local services to invite Healthwatch into their service to do the review as an independent organisation.

Weekly Drop-in sessions.

We're running weekly drop-in sessions from our office to offer practical support to anyone needing help accessing health and social care services.

These sessions take place every Tuesday, Wednesday, and Thursday from 10am to 2pm, and have become a valuable space for local residents to ask questions, share concerns, and get guidance.

Our team is on hand to listen, offer advice, and signpost to the right services, making sure no one feels alone when trying to get the care they need. More info about the types of enquiries we received further down in the report.

Prescriptions Follow Up Project

Healthwatch Bury gathered patients' feedback regarding the issues around prescriptions during the previous year, the focus was going out to health centres and local support groups. We produced a report from the project. The report has now been finalised, and response was received from the Primary Care team and the Local Pharmaceutical Committee. We have also met with the Bury Integrated Care team to discuss how to best disseminate the messages about the patient led prescribing.

We started a follow up project In Q1 focussing on Bury North to look at how the patient led prescribing pilot has impacted the patients to support the wider rollout of the initiative across the borough. We have visited Speakeasy, Greenmount Cuppa and Chat, Cozy Corner in Tottington Methodist Church and Christ Church Food Pantry in Ramsbottom. The draft report was completed in Q2 and shared with the Board and other relevant stakeholders. We are currently awaiting on a response from the key stakeholders before publishing the report. We have now published the report from the project: [Prescriptions follow up project report | Healthwatch Bury](#)

Volunteer Programme in Q3, we welcomed three new volunteers, Dr Sarkar, Neda and Zahraa to the volunteer team. Dr Sarkar has completed their induction and relevant training and are now actively supporting our social media and engagement activities. Dr Sarkar's contributions are already making a positive impact, helping us reach more people and strengthen our community presence. We have recently set up the low carb diet hub and will be promoting it event further in Q4: [Low Carb Diet Hub | Healthwatch Bury](#)

District Nursing Project We've recently strengthened collaboration with the District Nursing team to improve service awareness and gather meaningful patient feedback. Key outcomes include:

- A short service overview will be developed by the District Nursing team to raise awareness of what's available.
- Healthwatch has shared anonymised patient feedback, including relevant comments on wound and lymphedema services, to support wider service understanding.
- Work is underway to refine survey questions to ensure they are accessible and relevant.
- A District Nursing representative will join selected community group visits to support outreach.
- Plans are in place to distribute Healthwatch surveys and leaflets to housebound patients, with support from the nursing team.
- This partnership reflects a shared commitment to improving communication, accessibility, and patient experience across the community.

Healthwatch Bury Annual General Meeting

Thank you! A huge thank you to everyone who braved the weather on Thursday to attend our AGM. We shared updates on our work and had important discussions around key health issues in our community.

If you'd like to learn more about our key projects, please get in touch or visit our website: <https://healthwatchbury.co.uk/>



Healthwatch drop in sessions

healthwatch
Bury

Join us at Healthwatch Bury's weekly drop in session

Pop in to share your feedback about health and social care experiences.

We can also help you to access local services.

Every Tuesday, Wednesday and Thursday

10am – 2pm

**Healthwatch Bury's Office,
56–58 Bolton Street, Bury, BL9 0LL**

Telephone: 0161 253 6300

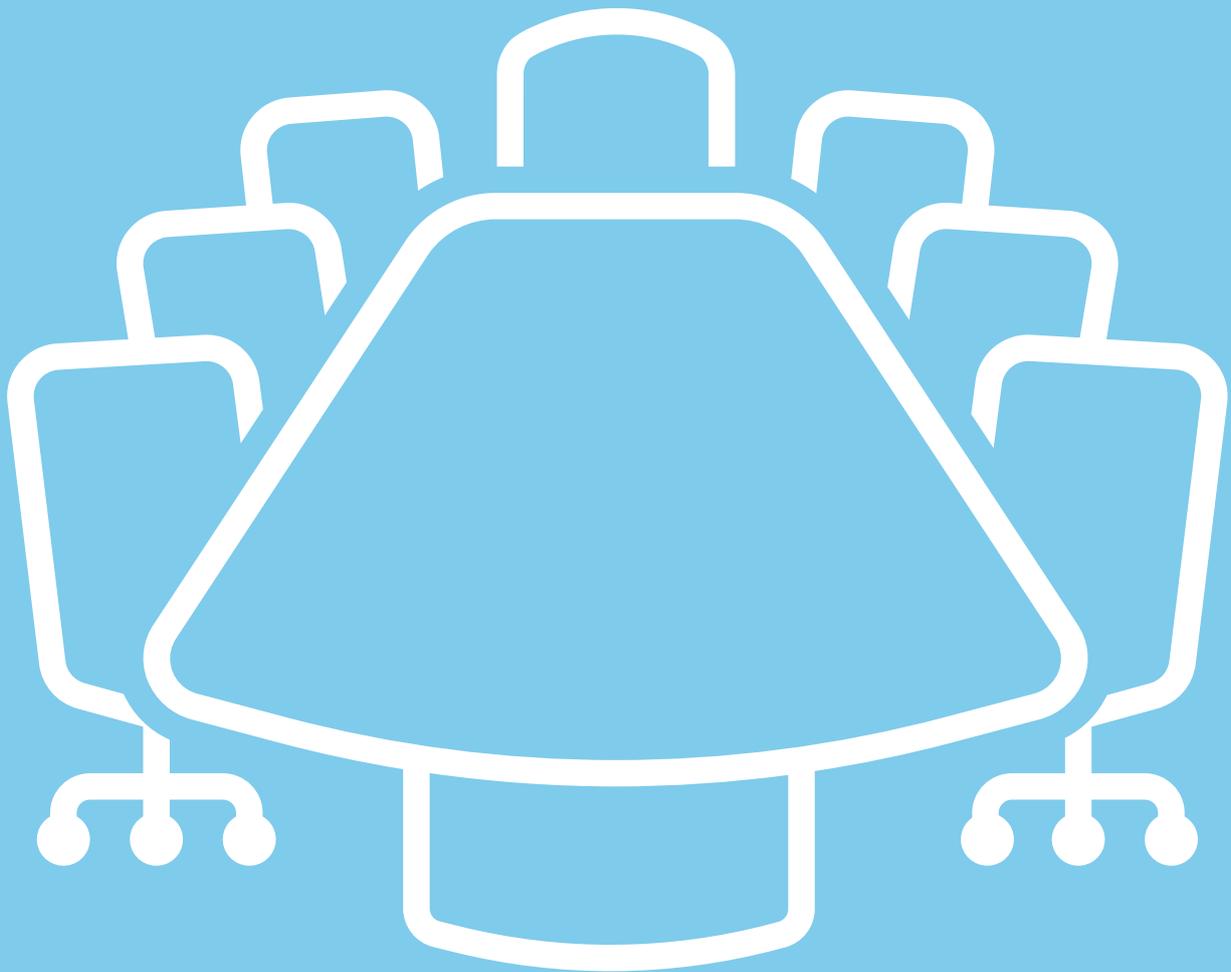
Website: www.healthwatchbury.co.uk

Email info@healthwatchbury.co.uk



Governance updates

Quarter 3 2025/26



Quarter 3 Highlights

- **Healthwatch Bury Board drop in with councillors** was held on **Tuesday, 21st October**.
- **Healthwatch Bury Board Meeting** was held on **20th October** and **pre-AGM Board meeting** was held on **4th December**.
- **Annual General Meeting** was held on **4th December**.
See the previous Board meetings minutes here: [Board minutes | Healthwatch Bury](#)
- Regular **monthly Board bulletins** circulated.

Board activities schedule 2025/26

Please note the future meetings dates are currently under review to ensure up to date information will be provided for the Board members.

Date	Time	Location	Session name
Tuesday, 27 th January 2026	5-7pm	Teams	Board meeting
Tuesday, 10 th March 2026	5-6pm	Teams	Board drop-in

Public feedback

Quarter 3 2025/26



Issues raised in Bury

1. Access to GP appointments & front-door experience (booking, patient choice, admin/process)

- Difficulty getting GP appointments or appropriate clinician (weeks of trying; offered nurse when GP needed; issues when preferred GP unavailable).
- Inconsistent admin & communication: removal from GP list after a charged interaction; blocked or confusing complaints routes (wrong ICB postal address / bouncing emails); proxy access/records access confusion; struggles obtaining medical summaries/SARs in usable form.
- Patient choice barriers for out-of-area patients and referrals to chosen hospitals; receptionist tone/attitude concerns.

Patient quotes:

- “Unable to make a GP appointment... needs pain medication review... tired of having to fight for care.”
- “Waiting three weeks for a routine appointment... prefers specific GPs; offered nurse but feels not appropriate.”
- “Out-of-area patient... referral to hospital of my choosing always declined... barriers in place.”
- “Removed as a patient after a charged discussion; left without medication.”
- “Unsure where to send GP complaint—wrong address online; emails bouncing.”
- “Medical summary missing conditions; SAR delivered as a 261-page file too large to use.”
- “Receptionist’s dismissive tone; felt belittled.”

2. Hospital/diagnostics delays & poor cross-system communication (results, surgery dates, transport)

- Long waits for diagnostics and results not communicated; cancelled procedures without prompt rebooking; difficulty contacting secretaries; lack of clarity on waiting-list position.
- Discharge delays (ward waiting for pharmacy meds).
- Patient Transport failures leading to missed appointments and risk of discharge back to GP as Did Not Attend, despite no-fault on the patient.

Patient quotes

- “Stroke 2 years ago, still waiting for tests to find out why.”
- “MRI 3 weeks ago, no results to patient or GP; doesn’t know who to contact.”

- “Urgent carcinoma surgery cancelled; pacemaker now fitted; needs re-scheduling and prioritisation.”
 - “Major hip infection—awaiting second-stage revision; cannot get a date; severe impact at home.”
 - “Waited 4+ hours for discharge meds—pharmacy bottleneck.”
 - “Patient Transport didn’t turn up twice; now being referred back to GP for ‘missed’ appointments.”
3. **Mental health & social care support gaps (crisis pathway, coordination, CHC, ADHD/meds)**
- **Expectation vs. reality** in crisis care (promised psychiatrist assessment; seen by nurse instead).
 - **Lack of continuity** and unclear **care coordination**: no care plan, no named coordinator; removal of social worker despite ongoing needs.
 - **Continuing Healthcare (CHC)** hours reduced with **no explanation** and unclear appeal route.
 - **ADHD pathways**: difficulties with shared care, blood-pressure pre-reqs, and accessing assessments/medication; need for weekend therapy options.
 - Wider **social needs**: loneliness, language barriers, food support, transport costs—often compounding health issues.

Patient quotes:

- “A&E: told emergency psychiatrist assessment from birth to present; at Irwell Unit met a nurse, wish they wouldn’t tell people that.”
- “Formal complaint: no care plan; no named coordinator; unresolved housing issues; removal of allocated worker; duty calls only.”
- “CHC package cut from 40 to 20 hours—no breakdown or rationale; wants to appeal.”
- “ADHD shared care paused due to hypertension; patient struggling; wants to restart meds.”
- “Client needs weekend therapy sessions due to work; limited availability.”
- “Significant loneliness and anxiety; needs advocacy to navigate services.”

Other recurring concerns noted

- **Infant feeding support** in the community (missed tongue-tie; conflicting advice; mastitis/abscess).
- **Immunisation eligibility confusion** (shingles, COVID booster).
- **Information governance/records** (deceased relative’s records access; SAR turnaround and usability).
- **NHS 111 delays** and poor communication.
- **Primary care medication issues** (formulations too large; mix-ups).

Issues found and highlighted

Improving patient experience in Podiatry services

Issue Identified: Healthwatch Bury was contacted by an older resident (name anonymised) who reported a poor experience with the NHS podiatry service following a GP referral.

The patient, who has Type 1 diabetes, osteoarthritis, bunions and long-term mobility issues, felt that:

- The clinician did not show empathy or compassion.
- She received minimal treatment despite significant pain.
- She was told “we can do nothing for osteoarthritis of the foot” with no advice on pain management, aids, footwear, or self-care.
- She was discharged with no support, and advised to seek private treatment, which she could not afford.
- She was concerned that other older patients might be receiving similarly inadequate care.

The patient did not wish to make a formal complaint but wanted the issues addressed constructively.

Actions Taken by Healthwatch Bury:

- Raised the concerns with PALS and the podiatry service on the patient’s behalf, outlining issues around communication, lack of support, and understanding of patient needs.
- Requested clarity on eligibility criteria, alternative pathways for complex patients, available NHS support, and plans for service improvement.
- Advocated for better communication, empathy, and patient-centred care within the podiatry team.

In response, the Northern Care Alliance service:

- Contacted the patient directly and offered a new appointment promptly which she accepted.
- Confirmed that:
 - The podiatry eligibility and exclusion criteria are under review across the Northern Care Alliance (NCA).
 - The musculoskeletal (MSK) pathway is being redesigned to align with NCA-wide standards.
 - All patient information leaflets are being updated to improve clarity and advice.

- Acknowledged the concerns about clinician empathy, confirming that this does not reflect NCA values.
- Invited the patient to become a stakeholder in future service improvements and training, ensuring patient voices shape change.

After attending the appointment on 26th November, the patient contacted Healthwatch with the following updates:

She received professional, empathetic and informative care from the clinician (name anonymised), whom she praised for politeness, clarity, and a patient-centred approach.

Her feet were examined thoroughly, and she was provided with:

Clear explanation of why she currently falls into the “low-risk diabetic” category.

Advice regarding future concerns and when to seek help.

She accepted discharge based on this clinical explanation and felt reassured and respected during the appointment.

Impact

- The patient received a timely follow-up appointment, addressing her immediate clinical needs.
- The podiatry service launched or accelerated real-time quality improvements including:
 - Review of eligibility criteria
 - Review of MSK pathway
 - Development of improved patient-information materials
 - Consideration of staff communication and compassion training
- The patient felt heard, supported, and valued, without needing to submit a formal complaint.
- The service agreed to involve the patient in ongoing co-production and training, ensuring lived experience directly influences service quality.
- Healthwatch’s intervention highlighted wider systemic issues that may affect other patients, especially older people, those with diabetes, or those unable to seek private care.

Frailty Assessment Query – Summary of Issue and Resolution (for information)

During Q3, Healthwatch Bury received an enquiry from a Radcliffe councillor regarding concerns raised by local residents about frailty assessment invitations. Some individuals reported being invited for frailty reviews despite not considering themselves frail, which led to questions about:

- How residents are selected for frailty assessments
- Whether age is the primary criterion
- What preventative support is available for people identified as at risk

- Whether future changes to the criteria or support offer are planned

Healthwatch Bury contacted the relevant service leads and received a prompt and comprehensive response, which we summarised back to the councillor.

Key points from the service response from: Clare Hunter, Project Manager and Ian Trafford, Head of Programmes

- Frailty is linked to ageing but can also be influenced by long-term conditions, nutrition, activity levels, and lifestyle factors.
- GP practices use nationally recognised tools such as the Electronic Frailty Index (eFI) and the Rockwood Scale to identify people with indicators of frailty, supporting early intervention.
- Work in Bury focuses on people aged 65+, as frailty is significantly more common in this age group.
- Practices undertake a range of preventative actions, including:
 - Frailty-focused annual reviews
 - Falls risk and medication reviews
 - Strength and balance referrals
 - Vitamin D and calcium prescribing
 - Social prescribing to reduce isolation and improve activity levels
- This GP-led activity forms part of a borough-wide frailty programme involving hospitals, social care, community health, and the voluntary sector.
- A wide range of universal services are available to support people to age well in Bury, including Live Well Bury, Staying Well Teams, PCN pharmacy teams, Age UK Bury, leisure services, technology-enabled care, and community directories.

The service confirmed that Bury will continue to deliver an active, prevention-focused frailty programme aimed at improving outcomes for older people.

Outcome:

The councillor's concerns were formally addressed, accurate information was provided promptly, and the issue was resolved with no further action required.

Where we have been

	2025/26 to date	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
<i>Engagement activities -total</i>	142	7	18	13	19	17	26	21	12	9			
<i>Bury East</i>	79	4	11	7	11	10	13	8	8	7			
<i>Prestwich</i>	14	0	1	0	4	3	2	4	0	0			
<i>Bury West</i>	11	1	3	1	2	1	2	1	0	0			
<i>Bury North</i>	11	1	3	1	1	1	1	3	0	0			
<i>Whitefield</i>	13	1	0	1	1	2	4	1	1	2			
<i>Number of public contacts</i>	2,151	45	406	209	234	318	436	259	206	38			
<i>Number of complaints/compliments/comments recorded</i>	262	54	10	30	41	30	34	21	16	26			
<i>Number of public signpostings</i>	157	54	10	30	41	30	34	21	16	26			

*Please note

the number reflects our own surveys, not those we promote, and use created by others such as Healthwatch England etc.

Some totals do not add up due to engagement activities being held online or out of borough.

Online and social media statistics

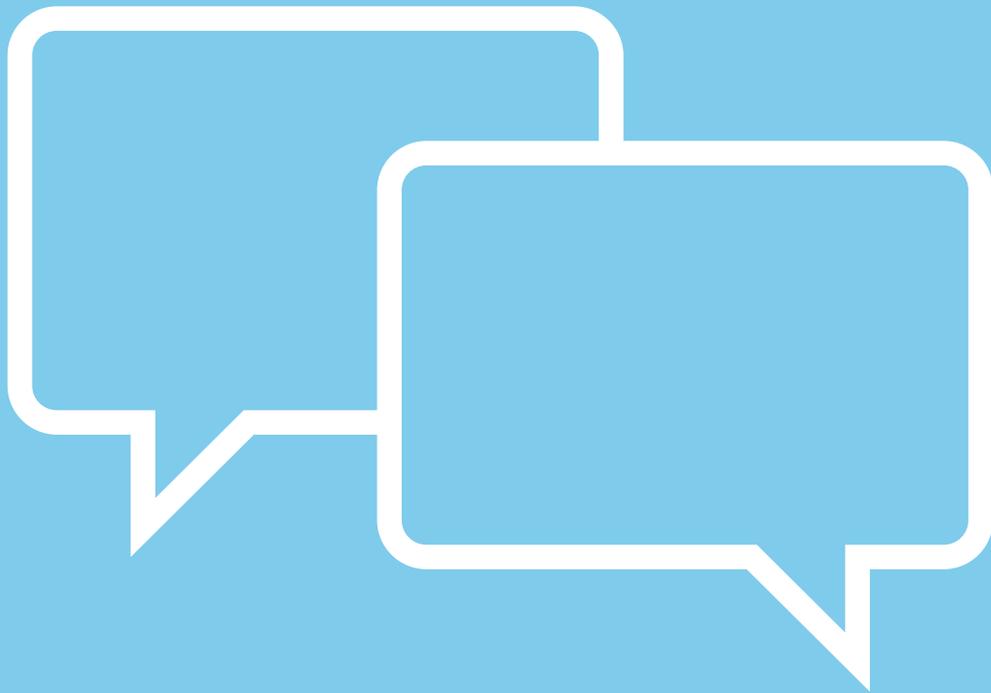
 <p>X (Twitter)</p> <p>New followers: 0</p> <p>Total followers: 1,706(-7)</p> <p>Blue Sky</p> <p>Followers: 84 (+14)</p>	 <p>Website</p> <p>Visits: 10,000 (+4,531)</p> <p>Page views: 15,000 (+3,613)</p> <p>News articles: 15 (+4)</p>
 <p>Facebook</p> <p>Likes: 979 (+38)</p> <p>Page Views: 40K (-200)</p> <p>Page visits: 1.4K (+200)</p> <p>Posts:170 (+39)</p> <p>Total reach: 8.5K (-1.3K)</p>	 <p>Other</p> <p>Mailing list: 272</p> <p>Members: 81</p> <p>Newsletters: 2</p>
 <p>LinkedIn</p> <p>Followers: 159(+15)</p> <p>Posts: 16</p> <p>Impressions: 1,702(+178)</p>	 <p>Instagram</p> <p>Followers: 413 (+11)</p> <p>Accounts reached: 103 (-160)</p> <p>Views: 1.5K (-700)</p>

Website analytics



Public engagement

Quarter 3 2025/26



Engagement events

Event	Location	Audience	Neighbourhood	Number of contacts
Whitefield Housing drop in	Victoria Youth and Community Centre, Charles Street, Whitefield	Economically disadvantaged	Whitefield	10
Drop in - St Andrews	St Andrews Church	Economically disadvantaged	Whitefield	12
Age UK Older People's Event	The Jubilee Centre	Older people	Bury East	3
HWB drop in	Greenmount Medical Centre	Older people	Bury North	42
Prostate Cancer project awareness	Holcombe Brook Tennis Club	All	Bury North	1
World Mental Health Day event	Creative Living Centre	People with mental health conditions	Prestwich	10
Tottington drop in	Tottington Medical Practice	All	Bury North	56
Enter and View visit	Grundy Day Care Centre	Older people	Bury East	4
BIG in Mental Health visit	BIG in Mental Health office	People with mental health conditions	Bury East	19
Prostate Cancer Focus Group	HWB office	Men with prostate cancer diagnosis	Bury East	4
Enter and View visit	Grundy Day Care Centre	Older people	Bury East	5
Office drop in	HWB office	All	Bury East	1
HWB drop in	Spring Lane Medical practice	All	Bury West	16
HWB drop in	Minden Medical Practice	All	Bury East	44
Maccabi Centre knit and natter ladies	Maccabi Centre	Women	Prestwich	18

Neurokinetics open day	Maccabi Centre	People with neurological conditions	Prestwich	10
Office drop in	HWB office	All	Bury East	1
Office drop in	HWB office	All	Bury East	1
Roch Valley Radio Interview	Roch Valley Radio office	All	NA	1
Circles of influence	Bury Town Hall	Children and young people	Bury East	100
Bury Older people's network	Bury Unitarian Church	Older people	Bury East	16
1-1 interview Prostate cancer	Online	Men with prostate cancer diagnosis	NA	1
Office drop in	Healthwatch Bury office	All	Bury East	3
Meeting with Russ	Healthwatch Bury office	All	Bury East	1
1-1 interview Prostate cancer	Online	Men with prostate cancer diagnosis	NA	1
Office drop in	Healthwatch Bury office	All	Bury East	1
Enter and View FGH A&E	Fairfield General Hospital A&E	All	Bury East	17
Breathe Easy group visit	Morrisons, Whitefield	People with long term conditions (COPD, Asthma)	Whitefield	5
Carers rights day	Bury Masonic Hall	Carers	Bury East	45
Bury Hospice engagement drop in	Bury Hospice	All	Bury East	15
Prostate Cancer focus group	Healthwatch Bury's office	Men with prostate cancer diagnosis	Bury East	2
Office drop ins	Healthwatch Bury's office	All	Bury East	5
Whitefield Housing drop in	Victoria Youth and Community Centre	Economically disadvantaged	Whitefield	10
St Michael's Winter Warmer event	St Michael's Hall	Economically disadvantaged	Whitefield	6
Prostate Cancer Focus Group	Healthwatch Bury's office	Men with prostate cancer diagnosis	Bury East	2

Feedback and signposting enquiries

Feedback by service type 1st October – 31st December 2025

Service type	Number of reviews	% of reviews	Number of people signposted	Number of complaints*
GP / Primary Care	27	42.9%	27	10
Hospital Services (A&E, Outpatients, Inpatients, Diagnostics)	15	23.8%	15	7
Mental Health Services	8	12.7%	08	3
Community Health Services (Infant feeding, Continence/Stoma,	4	6.3%	4	0
Adult Social Care / CHC	4	6.3%	4	1
VCFSE / Welfare / Social Needs (Food bank, benefits, housing, advocacy	8	12.7%	8	0
NHS 111 / Patient Transport	2	3.2%	2	1
Records / Complaints Process (SARs, FOI, access issues)	3	4.8%	2	2
Vaccinations / Screening / Immunisations	2	3.2%	2	0

Totals exceed 63 because some items fall under dual themes, but were classified under their primary service.

Primary Care (43%)

Primary care continues to generate the highest volume of feedback, driven by access issues, behaviour of non-clinical staff, medication concerns, and complex referrals. Ten items included formal complaints or requests for complaint support.

Hospital Services (24%)

Key themes included surgical delays, communication issues, diagnostic waiting times, and A&E experience. Multiple cases required PALS intervention, particularly around lack of follow-up and unresolved clinical pathways.

Mental Health (13%)

Feedback centred on crisis support, ADHD medication, CMHT coordination gaps, and care plan concerns. Three items were escalated as formal complaints.

VCFSE / Social Needs (13%)

These included food support, benefits advice, housing, loneliness, and advocacy, with most resulting in signposting.

Adult Social Care (6%)

Themes included CHC reductions, equipment, and care home issues.

Community Health Services (6%)

These included infant feeding, continence/stoma equipment, and physiotherapy.

Other categories

- Records/complaints process: included SAR issues, incorrect routing, and difficulties submitting complaints.
- NHS 111: one significant delay case.
- Vaccinations: mainly eligibility concerns (e.g., Shingles).

Case studies

Quarter 3 2025/26



Supporting a Resident to Navigate Complex NHS Systems



You said: A Bury resident (Mrs J) contacted Healthwatch Bury after experiencing prolonged delays, poor communication, and escalating anxiety while awaiting the second stage of urgent hip revision surgery. She was completely immobile, bed-bound, reliant on carers, and had developed multiple DVTs, placing her at serious clinical risk. Despite repeated attempts, she had been unable to obtain clear information or progress from hospital services.

We did:

With the resident's consent, Healthwatch Bury:

- Contacted PALS and senior hospital staff to escalate concerns
- Submitted a detailed complaint outlining clinical history, risks, and delays
- Requested urgent clarification on surgical timescales
- Sought interim support including physiotherapy and DVT management guidance
- Acted as a single point of contact to coordinate communication between departments

Outcome

Following a single enquiry from Healthwatch Bury, there was rapid and significant progress:

- The case was escalated to senior managers
- Clear communication was established with PALS
- The resident's surgery was provisionally scheduled
- A Haematology appointment was confirmed for 12 February 2026 with a named consultant
- The resident received reassurance, clarity, and renewed confidence in the system

As noted internally by Healthwatch Bury's Chief Operating Officer:

"It's amazing just how much movement there has been for this lady with one enquiry from us."

Impact

- Reduced distress and uncertainty for a vulnerable resident
- Improved coordination between orthopaedics, haematology, vascular services, and the GP
- Demonstrated the effectiveness of advocacy in unblocking system delays
- Ensured the resident is now actively progressing toward treatment

Learning

This case highlights how timely advocacy and system navigation by Healthwatch Bury can:

- Prevent residents from falling through gaps in complex NHS pathways
- Accelerate care where delays pose serious health risks
- Improve communication and accountability across services

Connecting Dementia Patients with Vital Support Services



You said: A patient visited our office with a friend and shared that she had been diagnosed with vascular dementia over a year ago. She felt that she had been left without any meaningful support since her diagnosis and didn't know where to turn for help.

We Did: While the patient was with us, we contacted the Dementia Adviser Service so she could speak directly with someone who could help. The adviser talked her through the referral process and arranged for a home visit to offer tailored support. We also contacted the patient's GP practice to check whether she was due for a dementia review and requested that they book one if it hadn't already been scheduled. We followed up to confirm that this had been arranged.

To ensure the patient had access to further support, we provided her with a copy of the Healthwatch Bury Dementia Guide and information about local services and groups that could help.

Impact: The patient was able to speak directly with a dementia adviser and now has a home visit scheduled to explore the support available. Her GP has booked a dementia review, and she now has access to a range of resources to help her feel more supported and informed. This approach helped the patient feel heard and reassured.



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A National Plan to end Homelessness

15th January 2026

Agenda Item 8

Introduction

- Outline the Government's new National Plan to End Homelessness
- Share findings from the review of Bury's homelessness strategy 2022 – 2025
- Next steps

Vision

- The strategy sets out a whole system approach to tackling the root causes of homelessness, improving emergency response and embedding prevention in and across public services.
- Homelessness should be rare, brief and non recurring
- Shift from crisis response to prevention and recovery

Key targets and investment

- Eliminate the unlawful use bed and breakfast for families
- Halve long term rough sleeping
- Increase proportion of households helped to stay in their home or move into a settled home
- Build 1.5 millions homes, including a major boost in social and affordable housing

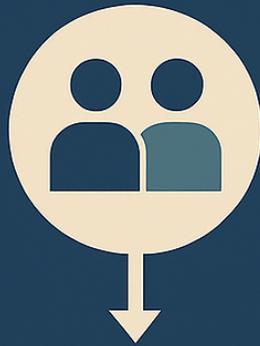
- £3.5 billion over 5 years for homelessness and rough sleeping
- £39 billion over 10 years for social and affordable housing

FIVE PILLARS TO END HOMELESSNESS



UNIVERSAL PREVENTION

Tackle-root causes. build social housing, reform private renting, and reduce poverty.



TARGETED PREVENTION

Support vulnerable groups like care leavers, veterans, and domestic abuse survivors.



PREVENTING CRISIS

Early intervention and legal advice to stop homelessness before it happens.



IMPROVING EMERGENCY RESPONSES

Ensure safe, decent temporary accommodation and end unlawful B&B use.



RECOVERY & PREVENTING REPEAT HOMELESSNESS

Expand Housing First, mental health support, and employment pathways.



Universal prevention – tackling the root causes of homelessness

Goal – Make homelessness rare by reducing risk across the whole population through early action

- **Increase supply of affordable housing** – SAHP, 10 year rent settlement, reform of Right to Buy
- **Ensure social housing reaches those who need it most** – update statutory guidance on allocations, remove barriers for care leavers, Veterans and domestic abuse survivors, require nomination agreements for homes funded by SAHP
- **Expand supported housing** – invest £124 m to deliver supported housing, new licensing regime for supported housing providers, reform DFGs
- **Reform private rented sector** – renters rights act
- **Tackle poverty and boost living standards** – scrap two child limit, national living wage increases, universal credit increases, Better Futures Fund, Crisis and Resilience Fund



Targeted prevention – support for people at higher risk of homelessness

Goal – Prevent homelessness among people at higher risk due to life events or vulnerabilities

- **Cross government targets**

- long term ambition that no one should leave a public institution into homelessness
- reduce homelessness from prisons, hospitals, care system and asylum accommodation.

- **Duty to collaborate**

- introduce a legal duty for public services to work together to prevent homelessness. Councils, health, justice, education and voluntary sector must share responsibility.



Targeted prevention – support for people at higher risk of homelessness

Goal – Prevent homelessness among people at higher risk due to life events or vulnerabilities

• Support for Vulnerable Groups

- Care leavers - New duty for councils to provide “Staying Close” support up to age 25.
- Young people - Expand early intervention, mental health support in schools, and family mediation.
- Veterans - Extend Op FORTITUDE and VALOUR programmes; improve housing access.
- Refugees & migrants - Ensure councils receive timely data; provide integration support.
- Domestic abuse survivors - Develop prevention toolkit; strengthen housing protections.
- Victims of exploitation & trafficking - Update guidance and improve safeguarding.
- People facing multiple disadvantage - Invest £55.8m in a new programme for integrated support.



Preventing crisis – helping people stay in their homes

Goal - Help people stay in their homes and avoid homelessness when they are at imminent risk of homelessness

- **Shift from Crisis to Prevention**

- Move away from reactive responses and embed a culture of early intervention.
- Ensure people can access help before they reach crisis point.

- **Funding & Support**

- Provide £3.5 billion over three years for homelessness and rough sleeping services.
- Introduce multi-year funding arrangements for councils to invest in prevention.

- **Early Intervention**

- Expand access to legal advice and “know your rights” materials.
- Strengthen partnerships with landlords and housing providers to prevent evictions.
- Develop a Prevention Toolkit for councils.



Preventing crisis – helping people stay in their homes

Goal - Ensure that if people do become homeless, they receive safe, decent, and high-quality temporary accommodation, and that experiences are improved while reducing reliance on emergency solutions.

- **Data & Technology**

- Use data and AI to identify households at risk 3–6 months before crisis.
- Pilot predictive analytics to target support earlier.

- **Person-Centred Support**

- Tailor interventions for individuals with complex needs.
- Avoid requiring people to sleep rough to access help.



Improving emergency responses – improving temporary accommodation and making people's experiences better if they do become homeless

Goal - Help people stay in their homes and avoid homelessness when they are at imminent risk of homelessness

- **Eliminate Unlawful Use of B&Bs**
 - Set a national target to end the use of B&Bs for families beyond the 6-week statutory limit, except for very short-term emergencies.
- **Increase Supply of Good-Quality Temporary Accommodation**
 - Invest £950 million through the Local Authority Housing Fund to deliver up to 5,000 homes by 2030.
 - Explore partnerships with social impact and institutional investors to expand supply.
- **Improve Physical Standards**
 - Apply the Decent Homes Standard to temporary accommodation.
 - Extend Awaab's Law to ensure urgent repairs for hazards like damp and mould.



Improving emergency responses – improving temporary accommodation and making people's experiences better if they do become homeless

Goal - Help people stay in their homes and avoid homelessness when they are at imminent risk of homelessness

- **Enhance Experience for Families**

- Reduce disruption to schooling and healthcare.
- Minimise out-of-area placements and multiple moves.
- Provide access to basic facilities (cooking, laundry, Wi-Fi).

- **Place-Based Solutions**

- Scale up Emergency Accommodation Reduction Programme (£30m funding) to tackle poor practice and reduce B&B use.
- Share best practice through a Temporary Accommodation Toolkit.



Recovery and preventing repeat homelessness sleeping

Goal - Ensure people do not experience homelessness more than once and halve long-term rough sleeping.

- **Halve Long-Term Rough Sleeping**
 - Launch a £15 million Long-Term Rough Sleeping Innovation Programme to support councils with high pressures.
 - Introduce Long-Term Rough Sleeping Partnership Plans for areas with persistent challenges.
- **Expand Housing First and Supported Housing**
 - Provide housing-led solutions for people with complex needs.
 - Deliver supported housing units and embed Housing First as a core model.
- **Access to Specialist Services**
 - Improve access to mental health, substance use treatment, and physical health care.
 - Invest £185 million in drug and alcohol treatment programmes.
 - Implement the Co-occurring Mental Health and Substance Use Delivery Framework.



Recovery and preventing repeat homelessness sleeping

Goal - Ensure people do not experience homelessness more than once and halve long-term rough sleeping.

- **Person-Centred Recovery**

- Embed trauma-informed, holistic support.
- Strengthen community-based services and peer support networks.
- Invest £37 million in the Ending Homelessness in Communities Fund to support voluntary and faith sector initiatives.

- **Employment and Financial Stability**

- Remove work disincentives for people in temporary or supported housing.
- Expand tailored employment support through the Connect to Work programme.
- Improve financial inclusion (e.g., access to bank accounts) and debt support.



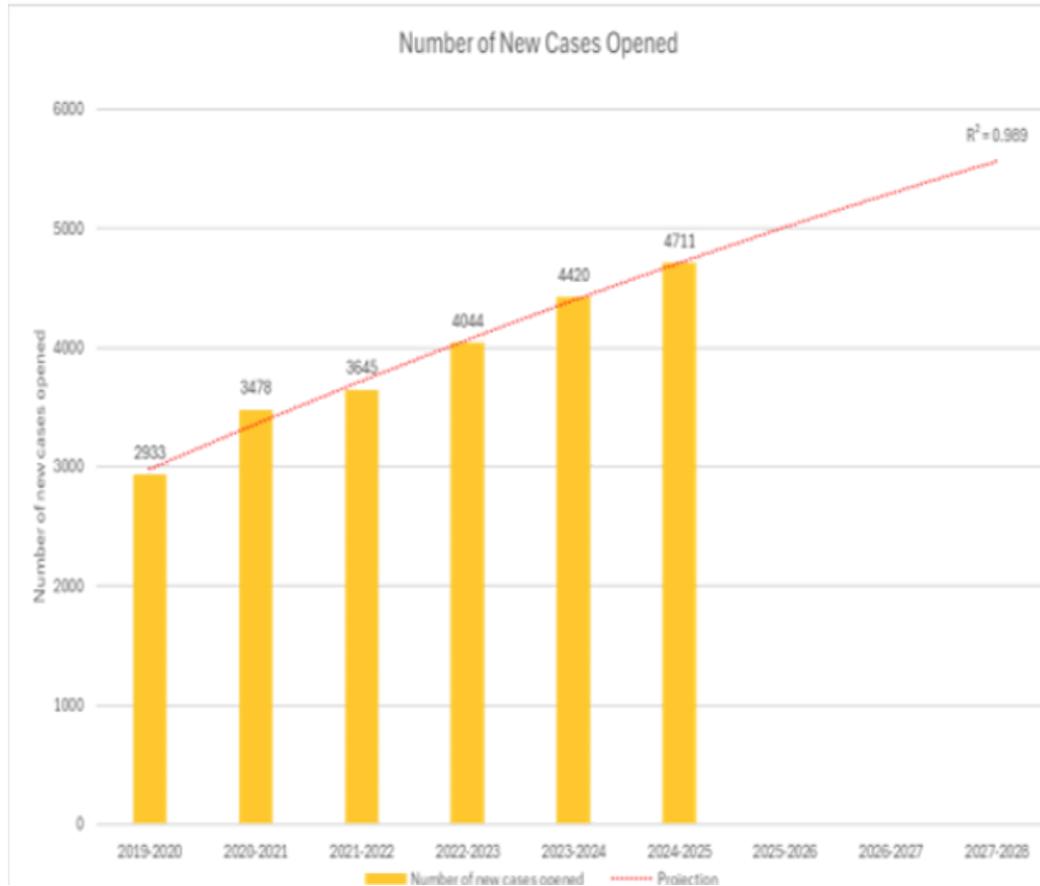
Foundations for delivery

- Strong national and local accountability with new Outcomes Framework.
- Councils must publish action plans with local targets.
- New National Workforce Programme for training and skills.
- Embed lived experience in design and delivery.
- Use data, evidence, and AI to improve services.

Review of Bury's homelessness strategy 2022 – 2025

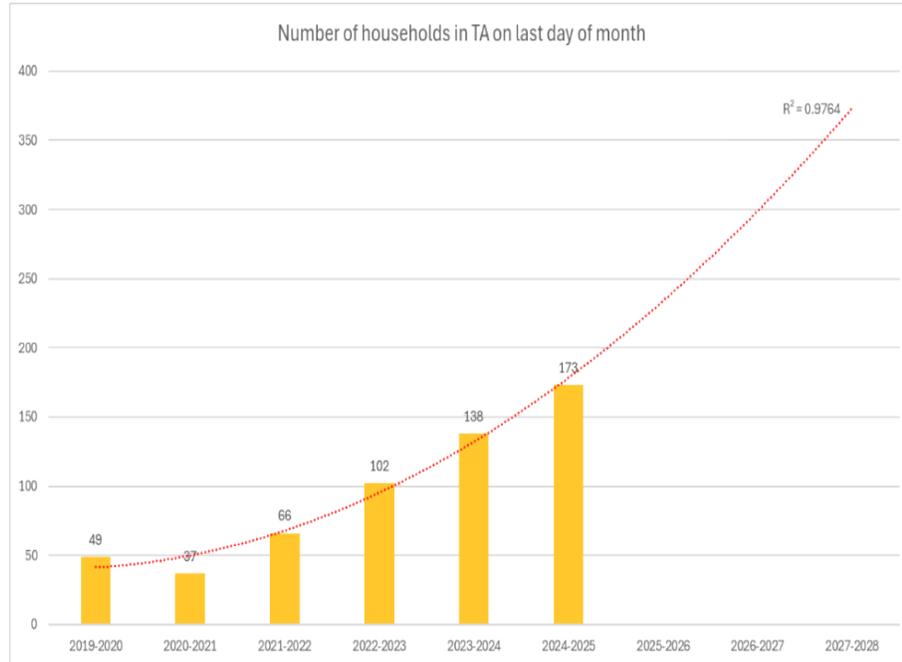
- The homelessness strategy 2022 – 2025 has been reviewed in depth with partners and individuals with lived experience through a series of workshops and surveys.
- In depth analysis of homelessness data between 2022 – 2025.

Review of Bury's homelessness strategy 2022 – 2025



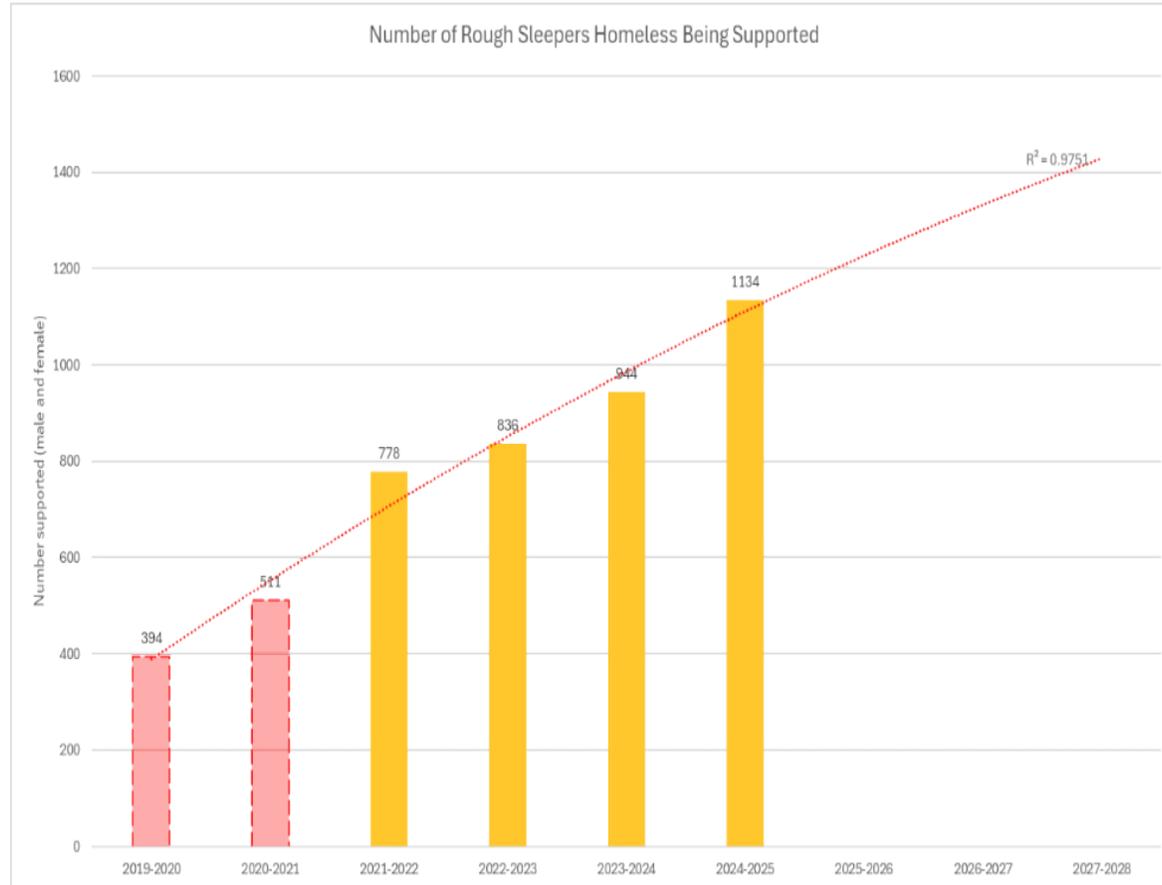
- Demand for Bury Council's Homeless Advice Service rose sharply due to the cost-of-living crisis and changes in Private Rented legislation, while staffing remained static.
- It has been projected that demand may rise to 5,600 contacts by 2027–2028: an 18.9% increase from 2024–2025, if homelessness trends continue to be the same.

Review of Bury's homelessness strategy 2022 – 2025



- By 2023 supply of temporary accommodation could no longer meet demand leading to the use of B&B as emergency accommodation
- The use of bed and breakfast (B&B) placements peaked at 58. This increase was linked to a rise in cases where a homelessness duty was owed, alongside limited staffing capacity to deliver early prevention work. Consequently, Bury was issued a B&B elimination plan by the MHCLG.
- At September 2025 have 222 households in temporary accommodation (401 children), 109 families in dispersed stock, 26 singles and 24 families in bed and breakfast accommodation. 56 families in pay nightly accommodation and 8 singles in council commissioned service.
- It is forecasted that if there was a "do nothing attitude" in three years the Council will need an additional 109 properties, on top of the current 110 dispersed and 8 commissioned.

Review of Bury’s homelessness strategy 2022 – 2025



- Rough sleeping has risen significantly across the borough in recent years, with the highest numbers recorded in 2024.
- This mirrors regional and national trends, with the majority of those affected being males aged 30–45, including individuals recently granted leave to remain after leaving NASS accommodation.
- If current trends were to continue, rough sleeper supported by the team has been projected to increase to 1452 in 2027-2028 compared to 1134 in 2024-2025 this is a 28.4% increase.

Feedback from people with lived experience

- Homelessness is driven by a complex interplay of factors including relationship breakdown, financial hardship and systematic barriers.
- Many individuals reported that temporary housing solutions are often inadequate and the journey towards stability is both emotionally and physically exhausting.
- Support services vary significantly across different demographics, underscoring the need for inclusive, trauma-informed approaches.
- Gaps were highlighted in life skills support and called for more robust pathways to independence.
- Digital exclusion was identified as a barrier to accessing housing with suggestions for app-based solutions to improve accessibility.
- Concerns were raised about the rigidity of the rough sleeper verification process.
- Service users consistently expressed a desire to be treated with respect and individuality and to be actively involved in shaping solutions.
- Top priorities identified include increasing the availability of recovery housing, ensuring fairer access to housing, and repurposing empty buildings.
- Additional needs include the provision of mentors with lived experience, simplified systems and greater recognition of non-housing related challenges that impact homelessness.

Key findings from review

Key cohorts

- A number of key cohorts were identified as important to include within the strategy including young people, veterans, victims of domestic abuse, those with complex needs and refugees.

Early warning signs and prevention

- Use the warning signs from the following indicators include rent arrears, health decline, A&E visits, carer strain, anti social behaviour, relationship breakdown, school attendance issues to help prevent homelessness.
- Services should intervene earlier by improving cross agency communication, training frontline staff and using data to identify risk patterns.
- Reduce stigma around support services (e.g. rename food banks, promote community shops)

Key findings from review

Education and awareness

- Increase homelessness education in schools and colleges – use school newsletters and drop down days to share advice and resources
- Improve public access to translated materials and service information

Service integration and collaboration

- Strengthen links between housing, health, education and social care
- Introduce single points of contact, shared consent forms and regular networking
- Promote service offers in community spaces (GPs, schools etc)

Housing solutions and temporary accommodation

- Improve quality, safety and transparency of temporary accommodation
- Prioritise family friendly spaces with cooking facilities and privacy.
- Explore use of empty homes, retirement properties and new build agreements for social housing.

Key findings from review

Family centred support

- Tailored services to individual family needs, avoiding stereotypes
- Provide wraparound support, peer mentoring and life skills training
- Ensure transitional support when moving out of temporary accommodation

Domestic abuse and stability

- Assign a single advocate per family to reduce stress and improve continuity
- Create safe, stable housing options that empower recovery and independence

Engagement and trust building

- Ensure consistency in staffing and service delivery
- Expand outreach teams and peer mentor roles, especially those with lived experience
- Foster trust through friendly, respectful communication and multiple chances to engage

Key findings from review

Accessibility and communication

- Improve access to basic amenities
- Reduce stigma around food banks by renaming them as community shops
- Simplify language used in services (e.g. clarify terms like 'relief duty')
- Create explainer videos and access signposting platforms
- Introduce digital tools like AI chatbot (e.g. Bernard) to offer real time empathic support.

Pathways to stable housing

- Develop transitional pathways in supported accommodation with goal setting and gradual independence
- Improve tenancy sustainment through long term follow up and wrap around support
- Address practical barriers such as access to bank accounts, transport, and healthcare within accommodation settings

Key priorities from the review

- Priority One - Strengthen our prevention offer
- Priority Two - Provide more suitable, safe accommodation and affordable accommodation.
- Priority Three - Reduce rough sleeping in the borough
- Priority Four - Improve support for a better quality of life

Next steps

- Finalise strategy and develop and publish local action plan by October 2026.
- Strengthen governance and accountability
 - Review the homelessness partnership and its role
- Review the current service provision and transition to early prevention using multi year funding settlement
- Carry out temporary accommodation occupancy audit – additional funding has been provided for this

PUBLIC HEALTH ANNUAL REPORT

THE COMMERCIAL DETERMINANTS OF
HEALTH

2024/25

Jon Hobday,
Director of Public Health,
Bury Council



FOREWARD

Jon Hobday
Director of Public Health



It is my privilege to present this year's Public Health Annual Report, which focuses on the Commercial Determinants of Health (CDOH). These are the systems, policies, and practices through which commercial actors (corporations, industries, and businesses) shape the health and wellbeing of our communities, both positively and negatively.

In Bury, we are committed to creating a fairer, healthier borough for everyone. But we must acknowledge that health is not just shaped by individual choices or access to services. It is also profoundly influenced by the environments in which we live, work, and shop: environments are increasingly shaped by commercial interests. From the availability and marketing of unhealthy food and alcohol, to the clustering of fast-food outlets, gambling venues and payday lenders in our most deprived areas, commercial factors can either support or undermine our efforts to improve public health.

This report challenges us to think differently. It calls on us to be bold in our leadership, to work across sectors, and to advocate for policies that put people before profit. It also highlights the importance of empowering communities to have a say in the commercial landscape around them, ensuring that local voices are heard when decisions are made about licensing, planning, and investment.

This report also reflects on the progress made since last year's report, which focused on the cost of living crisis, celebrating successes and identifying areas for further development.

A handwritten signature in black ink, appearing to read 'J. Hobday', written over a light blue circular background.

Jon Hobday
Director of Public Health

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FOREWARD

Cllr Tamoor Tariq

Lead member for Health, Care and Public Sector Reform



I am pleased to present this year's Public Health Annual Report, which focuses on the commercial determinants of health. This report provides a timely and evidence-based analysis of these influences and sets out clear recommendations for how we, as a system, can respond. It calls for stronger collaboration across sectors, more accountable policy-making, and a commitment to ensuring that commercial interests align with public health priorities.

This is in line with our Bury Let's Do It! Strategy^[1], which is our vision for Bury to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation. It also helps align us with our ambition to become a 'Marmot Place'^[2].

A Marmot Place recognises that health and health inequalities are mostly shaped by the social determinants of health; the conditions in which people are born, grow, live, work and age, and takes action to improve health and reduce health inequalities. Within this, there is increasing recognition of the role of commercial determinants and how they influence health outcomes.

Cllr Tamoor Tariq

Lead member for Health, Care and Public Sector Reform

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Commercial entities significantly influence the health and wellbeing of Bury residents. While some industries contribute to economic growth and employment, others drive health inequalities through practices that promote unhealthy products, environmental harm, and exploitation of vulnerable populations.

This report focuses on four such industries- alcohol, gambling, fast food and tobacco. It explores:



The Role of Commercial Determinants: Their impact on chronic diseases, mental health, and health inequalities.



Local Context: How industries, advertising, and retail practices in Bury affect our communities.



Recommendations: Strategies for mitigating harmful practices and leveraging positive commercial contributions.

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INTRODUCTION TO COMMERCIAL DETERMINANTS OF HEALTH (CDOH)

The CDOH are defined as the various ways by which commercial actors (ranging from global multinational industries and corporations, through to local small and medium sized businesses) can influence and impact the health and wellbeing of populations. These commercial actors can, through their economic or political influence, shape the environments in which people live, learn, and work. They can have beneficial or detrimental impacts on health.

Examples of a positive impact of private industry and businesses on public health

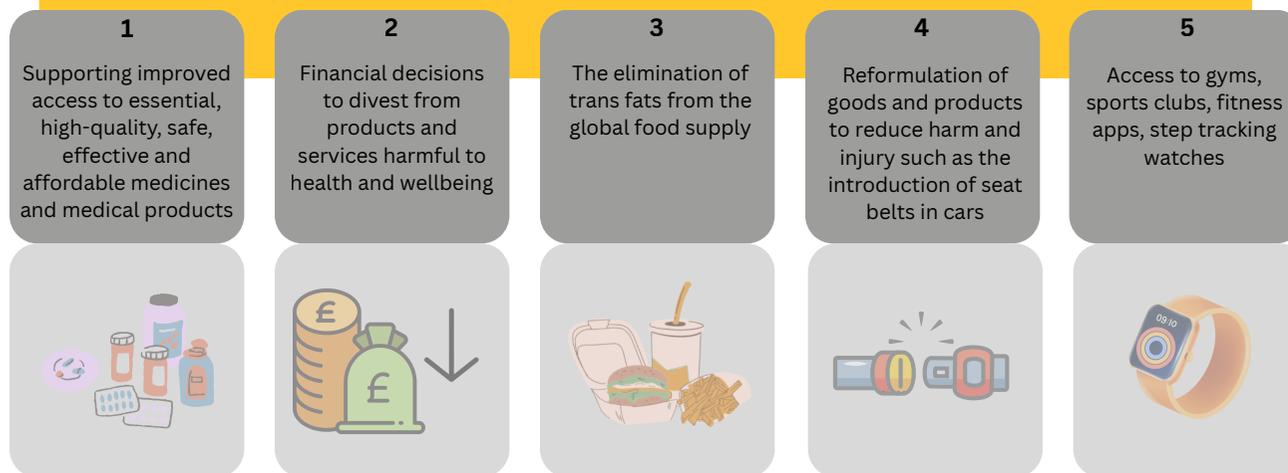


Figure 1. Examples of a Positive impact of private industry and businesses on public health³¹

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While some industries contribute to economic growth and employment, others drive health inequalities through practices that promote unhealthy products, environmental harm, and exploitation of vulnerable populations. Our exposure to unhealthy commodities and how these impact on our behaviours and 'choices' are heavily influenced by some corporate bodies.

This report will focus on 4 of these industries- Alcohol, Gambling, Fast Food and Tobacco.

Chronic or Non-communicable diseases (NCD's) account for 73% of deaths in Bury^[4]. NCD's include obesity, cancers, respiratory illness and diabetes, as well as other health and social issues such as mental health disorders and suicide. Risk factors for NCD's include smoking, gambling, unhealthy food and alcohol -all produced by harmful commodity industries (or HCIs) or unhealthy commodity industries (UCIs).

They also make a significant contribution to disabilities and worsening health-related quality of life alongside driving inequality; not all these harmful products are consumed equally, and some groups are more vulnerable to the negative impacts. People living in areas of greater deprivation have a higher risk of dying from NCD's than those living in the least deprived areas^[5]. When someone uses more than one harmful product, the health risks are combined, and have a greater worsening impact on people's health.

There are other industries that also play an increasing role in shaping health and wellbeing through strategy, impact, political influence and knowledge and preference shaping- industries such as pharmaceuticals, infant formula, fossil fuels, however this report does not cover these (Visit [WHO](#) for further reading).

The CDOH framework^[6], illustrated in Figure 2 below, shows the drivers, channels and outcomes. The main drivers are Demand/Consumption- the way we use products/consumables, the power of large companies and their increasing market coverage, and continued internationalisation of trade and investment. Corporate influence is exerted through four channels:

- Marketing, which enhances the desirability and acceptability of unhealthy products and services.
- Lobbying, which can impede policy measures such as plain packaging and minimum drinking ages.
- Corporate social responsibility strategies, which can deflect attention and whitewash reputations.
- and extensive supply chains, which amplify company global influence.

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The actions from the drivers and channels not only impact the environment and consumer, but also increase the risk factors from the sale of products that negatively impact on people's health and wellbeing. In addition, these UCIs also have substantial negative financial implications to our health and social care systems.

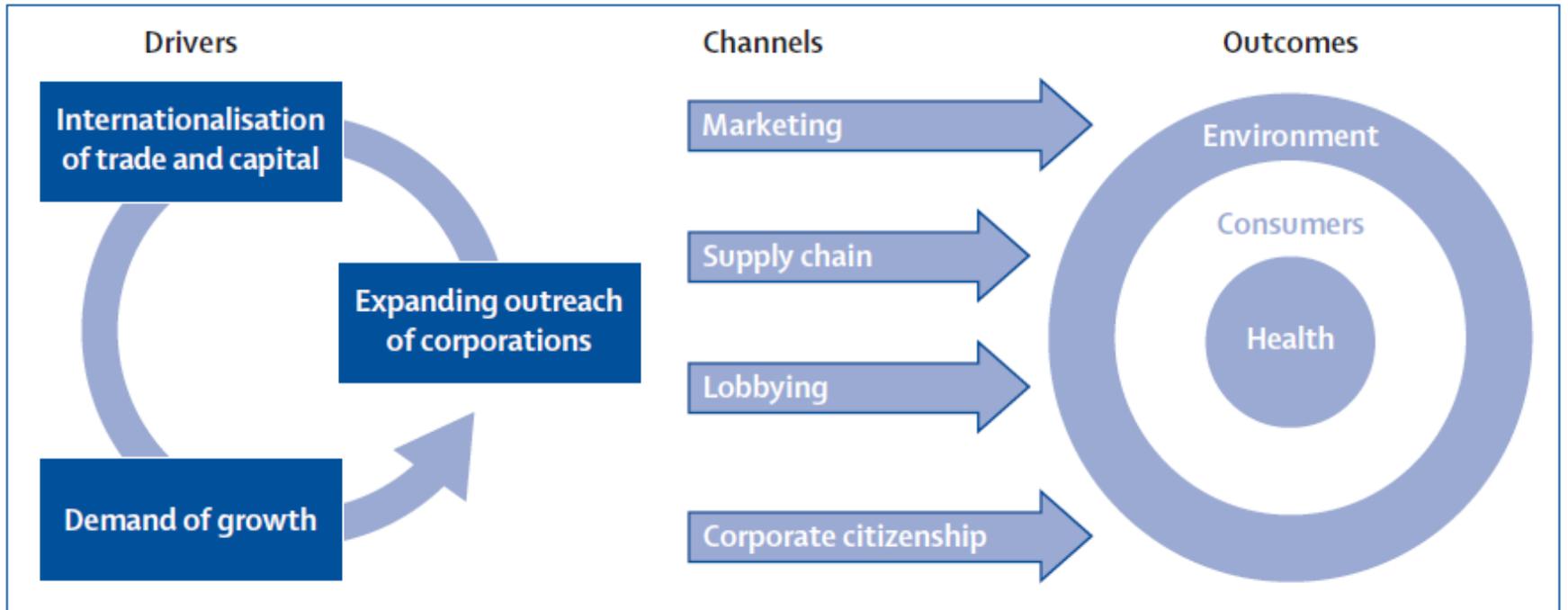


Figure 2- Commercial determinants of health framework: dynamics that constitute the commercial determinants of health^[7]

COMMON INDUSTRY TACTICS

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There are several common tactics and sophisticated strategies used by UCIs globally to ensure that their products remain profitable.^[8]

Table 2- Methods employed by corporate organisations^[9]

	Definition
Intimidate and vilify critics	Use smear tactics, information, and lawsuits (or threats of) against industry critics, such as scientists, academics, health practitioners, advocates, and civil society groups
Attack and undermine legitimate science	Fund counter-studies, sponsor conferences, recruit corporate scientists, skew data, distort evidence, claim manipulation, exaggerate uncertainty, plant doubt, minimise the severity of the issue, insist the problem is very complex, and demand balance for both sides
Frame and reframe discussion and debate	Promote narratives of personal or individual responsibility, moderation, consumer freedoms, free markets, the nanny state, government intrusion, and businesses as part of the solution.
Camouflage actions	Leverage front groups and pseudo civil-society groups to act as a mouthpiece for the industry, create the appearance of independence, and avoid bad publicity.
Influence the political process	Lobby, make political donations, recruit former politicians, and participate in policy development to influence, block, weaken, and delay policy and regulatory outcomes
Develop corporate alternatives to policies	Create voluntary self-regulation, codes, and commitments to delay or pre-empt public health interventions.
Deploy corporate social responsibility and partnerships	Donate to community groups, sports, entertainment, and non-governmental organisations, and develop public-private partnerships with governments and credible organisations to foster corporate goodwill and distract and deflect from harmful products or behaviour
Regulation and policy avoidance and evasion	Impede the implementation of policies through legal challenges in national and international courts, alongside use of legal loopholes, tax avoidance, corporate restructuring, and violation of laws, treaties, and codes
Synthesised from the following sources: Wiist, Brownell and Warner, Freudenberg, Oreskes and Conway, and Moodie.	

COMMON EXAMPLES OF THE METHODS USED BY UCI'S

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3.1 Lobbying

Lobbying can be described as “practices to secure preferential treatment and/or prevent, shape, circumvent, delay or undermine public policies or legislative decisions in ways that further corporate interests”^[10]. There is evidence of industries having lobbied and/or made donations to political parties including from the gambling industry.^[11]

3.2 Shifting blame- Framing

Framing describes what we say about an issue or concept and how we say it, which in turn affects people’s understanding, reactions, feelings, and actions. One key tactic employed by UCIs is to frame the narrative around the use or overuse of their unhealthy products emphasising personal responsibility and choice, and promote ‘nanny state’ narratives, (the perception that government policies are overprotective or excessively controlling, infringing on personal freedoms) without assuming any responsibility for the growing negative impact that unhealthy products have on our physical and mental health, or the social and health inequalities amongst communities, or the environment.

These framings also reduce faith in national and international regulatory agencies, undermine the public’s trust in science and evidence, and promote industries’ preferred solutions such as self-regulatory corporate social responsibility as alternatives to effective public policy^[12].

3.3 Shaping norms

The targeting of children and young people is an established tactic for UCIs. Industry-sponsored education and awareness raising in schools is a common occurrence and has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption^[13] and gambling education discourse aligning with wider industry interests), while shifting responsibility for harm onto children, youth and their families^[14].

3.4 Aggressive marketing and Sponsorship

UCIs have continued to develop these tactics alongside technological advances, using the availability and accessibility of social media and internet and television advertisements to reach broader audiences, but specifically focus on certain groups and audiences, often particularly concentrated in areas of greater deprivation and/or among vulnerable groups. A 2018-2020 study of the geography of England's gambling outlets found that over 20% were concentrated in areas in the most deprived decile, (so these deprived areas had twice as many as would be expected if they were evenly spread across the country)^[15].

It is estimated that TV viewers alone are exposed to 41 adverts per day in the UK, when other forms of advertising are included, it will be much higher. Research has shown that the more people see adverts for unhealthy products, the more they use them^[16].

Gambling advertising and sponsorships widely and frequently reach consumers, with evidence from the gambling commission showing that 6 out of 10 people seeing gambling adverts or sponsorships at least once a week. Whereas sponsorships and traditional advertising have been seen by all age groups, online advertising is more likely to be seen by younger adults.

When an influencer or public figure is seen consuming or endorsing unhealthy products, such as foods and beverages high in salt, fats and sugars, this often has an immediate effect on their followers. The gambling industry is renowned for its widespread use of celebrity endorsements and advertisements. Research shows that young people perceive celebrity endorsement as having an influential impact on the appeal of gambling^[17].

Recognising that the most significant interventions will occur at national and global levels, this report aims to initiate a dialogue on local actions to mitigate negative impacts and enhance positive effects of certain industries on the health and wellbeing of our communities.

As discussed, we will focus on four of these industries- Alcohol, Gambling, Fast food and Tobacco.

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ALCOHOL



4.1 What is the challenge?

NHS guidance states that, to keep health risks from alcohol to a low level, men and women are advised not to drink more than 14 units a week on a regular basis.

The Global Burden of Disease shows that among 15- to 49-year-olds in England alcohol misuse is the 2nd biggest risk factor for death and years lived with disability^[18]. Alcohol is a causal factor in more than 60 medical conditions^[19], including:

- Mouth, throat, stomach, liver and breast cancers
- High blood pressure
- Cirrhosis of the liver
- Depression

Furthermore, alcohol misuse is estimated to cost the NHS about £3.5 billion per year, and society as a whole £21 billion annually.

Alcohol is also an important contributor to health inequalities: alcohol-related mortality increases with increases with the level of deprivation and is higher in men than women. In addition, one in five children live with someone who engages in increasing-risk drinking, and around 705,000 children live with a parent who is experiencing alcohol dependency^[20]. These children face greater risks, including poor school performance, mental health struggles, and a higher likelihood of alcohol use themselves later in life.

4.2 What is the impact in Bury?

In Bury, alcohol-related mortality is higher than the England average.^[21] The most recent estimated rate of alcohol dependent adults (aged 18 years and over) who were in potential need of specialist treatment in Bury between 2019 to 2020 was 14.45 (per 1,000 population) which was higher than the England average of 13.75^[22].

There are inequalities within Bury also; alcohol related admissions into hospital are much higher in Radcliffe (152.6 per 100) than the Bury average of 88.5 per 100^[23].

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4.3 What is being done in Bury?

Alcohol is available 24/7, and its widespread availability contributes to increased consumption and harm. The [Bury Alcohol Licensing Matrix](#) is a tool which enables new licensing applicants to check the proposed venue against a range of data metrics against which their license application will be judged. This includes health, crime and deprivation on a Lower Super Output Area (LSOA)^[24] footprint. This has been a joint project with the Bury Council's Public Health team, performance and intelligence team and the licensing team.

Datasets include Index of Multiple Deprivation (IMD), Greater Manchester Police (GMP) alcohol markers, A&E admissions, numbers of off and on licenced premises within the area, licenced gambling sites and service user data from Bury's Substance Misuse provider.

The matrix was co-designed with the local tactical licensing team, ensuring it aligns with the four licensing priorities (The prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm). Public health is a fifth licensing priority in Scotland, with England's Directors of Public Health continue advocating for its inclusion as a fifth licensing priority in England. The local tactical licensing group comprises of Greater Manchester Police (GMP), Greater Manchester Fire and Rescue Service (GMFRS), Licensing, Trading Standards, highways, and environmental health officers.

Publishing the alcohol matrix on Bury Joint Strategic Needs Assessment (JSNA), alongside a narrative and link for new licensing applicants on the licensing landing page, serves as an effective indirect deterrent. It also ensures Bury are transparent about the data we are using.



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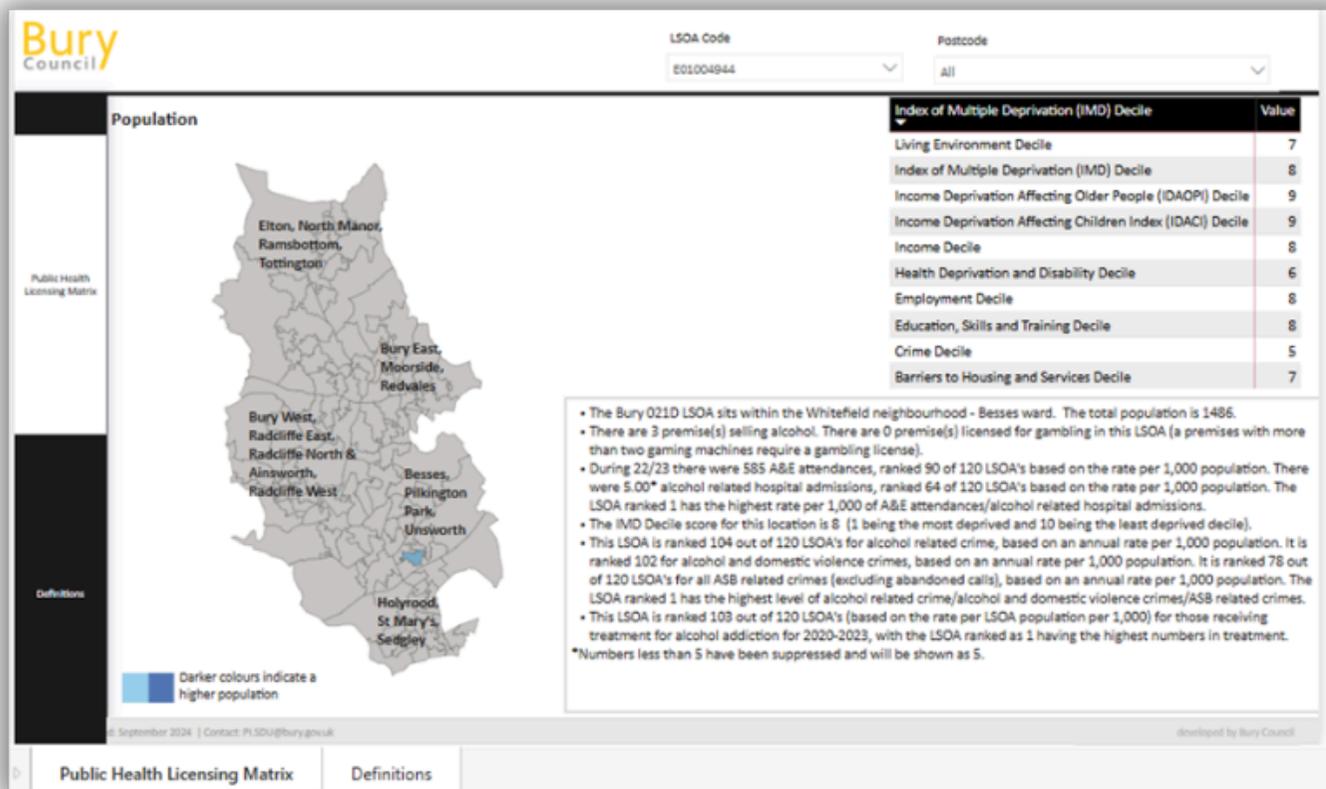
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Figure 3- Bury Council licensing matrix (screen shot)

Case Study 1

There have been several successes to date opposing off and on licence applications, arguably the biggest win in preventing a large supermarket chain from selling alcohol 24 hrs a day 7 days a week, from petrol stations. Working in collaboration with Bury's tactical licensing team (GMP, Licencing, Trading Standards, etc), it was agreed with the supermarkets licencing solicitor that they would change their hours in line with this ask rather than risk going to the licencing committee and receiving a negative decision. This has acted as a barometer for success with smaller independent on and off-licence applications, and how we build representation as a collective approach rather than submitting representation individually.

4.4 What is being done regionally/nationally?

Regionally, an alcohol strategy has been developed with partners from across Greater Manchester. This was co-designed with the NHS, local authorities, GMP, probation services, community organisations, treatment providers, and people with lived experience. Together, a clear ambition has been created: to reduce alcohol harm and build a healthier, fairer future for everyone who calls Greater Manchester home.

The strategy, which will be launched in September 2025, includes an alcohol harms element which is based on the World Health Organisation (WHO) SAFER framework^[25]. This focuses attention on the best evidence-based approaches to reducing alcohol harm, adapted as A SAFER GM. This includes elements such as the ongoing debate around minimum unit pricing for alcohol (a policy already introduced in Scotland and Wales, and associated with a 13.4% reduction in deaths attributable to alcohol consumption in the former^[26]).

A SAFER GM

Amplify community engagement around living well and reframing relationships with alcohol

Strengthen restrictions on alcohol availability

Advance and enforce drink driving counter measures and work with police, probation and other partners to prevent alcohol-related crime and anti-social behaviour

Facilitate access to screening, brief interventions and treatment

Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion

Raise prices on alcohol through excise taxes and pricing policies

Give every child the best start in life

Mobilise a sustainable VCFSE and community-led approach to recovery, peer support and mutual aid as part of our GM Live Well ambitions

Figure 4- A SAFER GM framework

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4.5 What more can be done locally?

To reduce alcohol harm, we must take a multi-faceted approach that combines efforts from schools, families, communities, and bolsters local initiatives like Communities in Charge of Alcohol^[27] (CICA). CICA empowers communities to take the lead in tackling alcohol harm by raising awareness, offering support, and enabling people and neighbourhoods to design solutions that work best for them, building resilience and creating sustainable change. Alcohol Champions receive training to have informal conversations about alcohol and health within their communities.



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GAMBLING



5.1 What is the challenge?

Behavioural addiction refers to a compulsion to engage in inherently rewarding behaviours despite adverse consequences. Gambling shares impulsivity and compulsion elements with other addictions like substance misuse and eating disorders. Gambling disorder is classified as a mental health disorder in the DSM-IV^[28].

Harms associated with gambling include poor mental health, relationship breakdown, poor performance at work or school and financial difficulties. Harms may be experienced by the person who gambles or by family, friends and colleagues of someone who gambles ('affected others'). Gambling may not be the sole cause of these harms – in some cases gambling may be used as a coping mechanism – however we know that gambling addiction and harm can exacerbate existing vulnerabilities. While harms can happen very quickly, we know that recovery can take a long time, with some harms leaving an intergenerational legacy.

There are multiple drivers of harmful and problem gambling, including psychological triggers used in the design of gambling products, including disguising losses as wins, celebrating near misses and creating an illusion of control over a predetermined outcome^[29].

The UK gambling industry spends £1.5 billion a year on advertising, much of which is designed to make gambling look like a fun, social, low risk activity. Advertising and marketing of gambling products, brands and opportunities can include targeted email campaigns. Research suggests that increased exposure to advertising and marketing leads to increased participation in gambling^[30]. Enticements to participate, such as free bets and in-play promotions, are key factors in inducing people to gamble more^[31].

Most (86%) of online betting profits come from just 5% of those gambling, usually from those already experiencing harm^[32]. Gambling-related harms have considerable cost to the government and society, likely to be between £1.05 to 1.77 billion^[33] annually.

Gambling disorders have been linked to several health outcomes, such as increased alcohol consumption, obesity, smoking, mental health problems, and suicide^[34]. Sadly, studies show that people suffering from gambling disorder are 15 times more likely to take their own lives^[35].

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5.2 What is the impact in Bury?

A 2022 Greater Manchester Gambling Harms needs assessment^[36] found that one in 15 Greater Manchester residents are experiencing the harmful impacts of gambling, when harms experienced by “affected others” are included. It is estimated that this translates to 13,000 people in Bury (6% of residents).

Evidence suggests that some sectors of the population are disproportionately impacted by gambling related harms. For instance, prevalence of gambling is higher among members of the armed forces community, with military veterans 10 times more likely to experience a gambling disorder or addiction^[37], however, routine mental health assessments after deployment do not routinely ask about gambling.

In Bury, tackling gambling harms is a growing priority, there is significant growth in the use of gambling products which have been identified by research as being more associated with harms^[38], As with other public health challenges, early intervention, system collaboration, and evidence-based actions are key to protecting our residents, reducing harm, support those affected and reducing the burden on health, social care, and criminal justice systems.

5.3 What is being done in Bury?

Bury Public Health regularly promotes the Chapter One: Gambling-Related Harms training^[39], funded by the Greater Manchester Combined Authority (GMCA). This training has been developed using the latest international evidence on gambling harms and has been co-produced with people with lived experience.

The two-hour training is available both online and in person and is designed to support GM professionals by providing information, tools, and practical guidance in recognising gambling-related harms in service users. Most importantly, the training is completely free from gambling industry influence.

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Bury Public Health have created a Gambling Related Harms Support section on the Bury Directory Page^[40]. This includes guidelines for identification, assessment and management of gambling harms. It also includes referral details for the NHS Northern Gambling Service^[41] who also support the loved ones of people with a gambling addiction. It also includes the Beacon Counselling Trust^[42] which is a mild-moderate Mental Health Service provider and part of the work is providing free confidential treatment and support for anyone aged over 16 years who has been affected as a gambler, part of a family or a friend of a gambler, as part of the National Gambling Support Network. Currently, there is no dedicated local funding for gambling related harms in Bury, which means there is no locally commissioned service specifically focused on supporting individuals affected by gambling. However, residents can still access city-region and national support services mentioned above.

Bury Public Health also included Gambling markers as part of their revised Drug and Alcohol action plan, this helps with the awareness of Gambling Harms reach with a variety of stakeholders who make up the partnership.

5.4 What is being done regionally/nationally?

In November 2024, the Government announced the introduction of a statutory levy on gambling operators, which will provide, for the first time, a dedicated statutory investment for prevention work. In April 2025, the Gambling Commission became responsible for collecting and administering the new levy, under the strategic direction of the UK government. The Health and Social Care Select Committee are examining the current gambling landscape and the potential for harms caused by developments in gambling.

Beacon Counselling Trust, in partnership with Unite the Union, have developed a 'Workplace Charter to Reduce Gambling Harms'. The charter, which sets out seven key principles for employers to improve health and wellbeing in the workspace, aims to provide policies and support to place gambling-related harms alongside mental health and substance misuse as public health issues^[43].

Beacon Counselling Trust have also produced a 10 point plan to address gambling related harms. A system-wide approach is needed to address this public health issue (see Fig 5 overleaf).

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Figure 5- 10 point plan to address gambling related harms

5.5 What more can be done locally?

Regularly sharing local, regional, and national information and updates with Bury Community Safety Partnership, Bury's Drug and Alcohol Partnership, Bury Suicide Prevention group, and through council staff newsletters helps ensure that key stakeholders stay informed. This includes updates on gambling related harms, emerging trends, and available support services via the GMCA. By maintaining strong communication channels, we can promote early intervention, raise awareness, and strengthen our collective response to gambling related issues across the borough.

The local authority should also review and potentially cease any links they may have with the gambling industry.

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The Office of Health Improvement and Disparities (OHID) North West will be launching a Gambling Harms Community of Practice for Public Health leads. The group aims to explore local challenges, showcase effective work, and enable colleagues to share best practice and develop common approaches to addressing gambling-related harms.

FAST FOOD



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6.1 What is the challenge?

Poor diets and excess calorie intake lead to significant levels of cardiovascular disease, cancers, and muscular conditions and cost the NHS £6.1 billion every year^[44]. A diet containing lots of processed, salty, fatty, and sugary food and drinks commonly causes people to become overweight or obese and contributes to malnourishment, diabetes and other non-communicable diseases^[45].

The availability and convenience of foods strongly influences people's choices, areas with high densities of fast-food outlets generally have higher levels of obesity. Bury has the 10th highest fast-food outlet concentration in England per 100,000 of the population^[46] (taking the size of the population into account).

6.2 What is the impact in Bury?

The National Childhood Measurement Programme (NCMP) in 2024/2025 showed that 22.6% of children in reception class (aged 4-5 years) were overweight or living with obesity, and 38.8% of children in year 6 (aged 10-11 years) were overweight or living with obesity^[47].

65.3% of adults in Bury are estimated to be overweight (including obesity and using adjusted self-reported height and weight) which is higher than the England average^[48].

6.3 What is being done in Bury?

Bury Food Partnership launched the very first Bury Food Strategy – Eat, Live, Love Food (Jan 2021)^[49], following its endorsement by the Health & Wellbeing Board. From the outset the Partnership has adopted whole systems thinking and prides itself on being a positive space to connect, challenge, and help shape the way Bury sources and provides good food for all - people, climate, and nature. This is a five-year collaboration, working with partners interested in healthier and sustainable food.

Bury's Food Strategy has become an integral part of the council's overarching Let's Strategy^[50], which influences work on poverty, climate action, and economic development. Embedding food in these mainstream agendas creates space to discuss it in places like regeneration and town-centre planning, where it becomes a lever for inclusion and sustainability rather than a stand-alone topic.

To guide and benchmark progress, Bury joined the Sustainable Food Places network, using its six-theme framework: governance, healthy food for all, catering and procurement, good food movement, sustainable economy, and food for the planet. In just three years, Bury progressed from bronze (2022) to silver status (2024), the first in Greater Manchester to do so.



Image 1- Bury's Sustainable Food Places Silver award.

Bury's food system transformation has gained national and international attention, with Bury Food Partnership presenting at Westminster and being invited to participate in the EU Cascade Cities Peer Learning Programme (2024) and will be hosting the EU CLEVERFOOD Programme later in 2025, embracing many learning insights, and applying these into our local policies.

In addition, Public Health continue to work with planning and regeneration leads around healthy high streets and shift some of the focus and momentum to healthy determinants of commerce.

Local successes have included positive conversations about council owned spaces, and reflection of how the universally applied Department of Health nutritional profiler^[51] is used for adverts showcased here.

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Image 2- Jacket Potatoes are now offered at Gigg as an alternative to traditional pies, burgers etc.

Case Study 2

Bury Public Health team have built a good relationship with Bury Football Club. Healthy food options have now been included on match days, non-alcoholic beverages on offer, stop smoking adverts around the ground and an ambition to become a smoke free stadium, there has also been a conscious attempt to reduce any fast food adverts around the pitch as Bury FC and public health strive for healthy stadia.

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6.4 What is being done nationally and regionally?

The Office for Health Improvement and Disparities (OHID) leads the reduction and reformulation programme, working with all sectors of the food and drinks industry to reduce sugar, salt, and calories in foods and drinks consumed by children and adults.^[52]

- **Sugar Reduction Programme:** Launched in 2016, it aimed to reduce sugar by 20% in foods consumed by children by 2020. Guidelines were published in 2017. In 2018, juices and milk-based drinks were added, with targets to reduce sugar by 5% and 20% respectively by mid-2021.
- **Calorie Reduction Programme:** Challenged retailers and manufacturers to reduce calories by up to 10%, and the eating out, takeaway, and delivery sector to reduce calories by up to 20% by 2024. It focuses on everyday savoury foods and meals.
- **Salt Reduction Programme:** Aimed to reduce salt content in foods across more than 100 food groups. Targets have been set and revised since 2006, with new targets published in 2020 to be achieved by 2024.

Addressing CDOH has been identified as a key priority for the Greater Manchester Public Health Network (GMPHN) along with Housing and Health and Fairer Health for All. The GM CDOH Squad, which includes Bury Public Health staff, have a range of areas of focus that include High Fat Salt Sugar (HFSS) advertising and aim to use the governments October 2025 9pm television advert ban around low nutrient food / fast food, plus Transport for Greater Manchester (TFGM) blanket fast food ban on all travel networks.

The CDOH Squad are in the process of designing a set of minimum standards or principles for GM councils to work towards and using those advertising spaces they own or manage effectively.

Most of the local authority HFSS Advertising Restriction Policies include guidance for food and drink advertising that falls under OHID's Salt, Sugar and Calorie Reduction Programme, and require prominent product descriptors including additional requirements around children not being included in advertisements that fall into these categories.

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6.5 What more can be done locally?

Bury Public Health is working closely with Bury Strategic Planners on a Healthy Systems, Supplementary Planning Document (SPD) linked to Bury's local plan.^[53] This document will include a set of criteria around fast food take aways. The Local Plan is under review therefore Greater Manchester's Places for Everyone^[54] will be used as the governance structure in the interim. The aim is to propose this to Council Cabinet in late 2025.

Building on the success of Bury's Alcohol Matrix, Bury Public Health and the Performance team have agreed data sets that would help inform the planning committee around granting new fast food take away licences. The matrix also considers adult obesity data, number of schools in a given post code, IMD, plus markers from primary care which include adult obesity and adult diabetes type 2 prevalence.

Bury Public Health are also looking to shift the unhealthy food narrative and replace it with wider successes linked to food and health such as the Right to Grow^[55] and Healthy Markets.^[56]

Growing offers many benefits, from improved mental and physical wellbeing through activity in nature, increased access to fresh food, and the strengthening of community bonds. A lack of available land close to people's homes can be an obstacle to more people growing. To help address this issue, Incredible Edible Prestwich and District, Lancashire Wildlife Trust, Bury Council's Planning, Parks & Countryside, Grounds Maintenance, Public Health and the Bury Voluntary, Community and Faith Alliance are coming together to look at planning, licensing, and to create a map of established community growing sites and potential future growing spaces. Community growing advice and resources are available, and successful applicants will be issued with a Licence Agreement.

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TOBACCO



7.1 What is the challenge?

Smoking is the leading preventable cause of illness and premature death, killing around 74,600 people in England in 2019.^[57]

- Around 5.1 million adults aged 16 years and over (9.8%) currently use an e-cigarette daily or occasionally in Great Britain in 2023, based on the Opinions and Lifestyle Survey (OPN).
- E-cigarette use was highest among people aged 16 to 24 years in Great Britain, with 15.8% using e-cigarettes either daily or occasionally.

Smoking harms not only smokers but also the people around them. Smoking is much more common in deprived parts of England, which then concentrates the health harms.

Despite a continued decline in smoking prevalence, 11.9% of adults in England still smoke. This equates to over 6 million people in 2023.^[58] Prevalence is reducing more slowly in more deprived communities than in our more affluent communities, widening the resulting health inequalities further.

7.2 What is the impact in Bury?

10.8% of adults (age 18+) smoke in Bury^[59]. However, 21.1% of adults in routine and manual occupations (aged 18-64) smoked in 2023. This concerningly has increased from 17.1% in 2022. This is higher than the England average of 19.5%.^[60]

In 2023 in Bury, 14.6% of the most deprived decile were current smokers compared to 9.3% in the least deprived decile.^[61]

Additionally, smoking among adults with a long-term mental health condition has increased over the past three years, from 17.2% in 2020, to 18.3% in 2021, and reaching 20.6% in 2022/23.^[62]

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The under 75 mortality rate from respiratory disease considered preventable (smoking is the major cause of chronic obstructive pulmonary disease or COPD, one of the major respiratory diseases) is higher in Bury than the England average.^[63]

Smoking related death rates are significantly higher in Bury than in England overall (Directly standardised rate per 100,000 is 240.3 in Bury v 202.2 in England).^[64]

7.3 What is being done in Bury?

7.3.1 Local Tobacco Control Plan

Bury have recruited a tobacco control officer and re-launched the Tobacco Control Alliance. This multi-agency partnership will lead the refresh of Bury's Tobacco Control Plan and provide a coordinated system-wide approach to reduce smoking prevalence and achieve Smokefree Bury by 2030.

The Alliance brings together Trading Standards, Bury ICB, Early Break, GMP, Making Smoking History (GM colleagues), Council services, and other partners. Its work is structured around four core workstreams:

- Prevention,
- Supporting smokers to quit,
- Reducing health inequalities and
- Effective enforcement

7.3.2 Trading standards and enforcement

Tobacco control enforcement continues to be a vital component of reducing the availability of illicit tobacco and vaping products across Bury. During 2024/25, enforcement activity resulted in seizures with a total street value of £120,000, including:

- 39,660 illicit cigarettes (1,983 packs)
- 9.4 kg of illicit hand-rolling tobacco (188 packs)
- 7,425 illegal vapes, 4 kg of shisha, 28,000 pieces of hand-rolling tobacco packaging, and a hand-rolling
- Tobacco mixing machine.

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7.3.3 Children and young People

Early Break Bury's young people substance misuse provider has also been commissioned to work with schools and young people around the harms associated with vaping. They have developed 3 sets of training- professionals' training followed by separate training for primary and secondary aged children. The messages in the training focus on harm from a health perspective as well as the legality of different types of vapes, i.e. which vapes are regulated in the UK and which ones are not. There are also strong messages around safety when purchasing vapes as well as harm reduction messages, risks of exploitation, experimentation with harmful and illegal substance such as THC liquid and traditional forms of cannabis. Some of the training has led to schools requesting interventions with their pupils and targeted group sessions.



7.3.4 Smoking Cessation

Smoking cessation is one of the most effective public health interventions.^[65] Until recently, the main tools for smoking cessation were behavioural support, nicotine replacement therapy, or oral bupropion or varenicline. However, e-cigarette use is becoming more popular and is currently considered one of the most effective quitting aids in England.

'Swap to Stop' digital advertising campaign is live across Bury neighbourhoods and town centre areas. Messaging is inclusive and accessible and promotes a new e-voucher offer alongside Bury Live Well stop smoking service and support.

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7.4 What is being done regionally/nationally?

The 2005 World Health Organisation (WHO) Framework Convention on Tobacco Control^[66] demonstrates what is possible when we choose to use our powers collectively in a positive way around the conflict of interest between the tobacco industry and health policy making. This has largely controlled tobacco advertising, promotion and sponsorship.

The UK Tobacco and Vapes Bill^[67] was introduced in the House of Commons on 5 November 2024. The key points are summarised below;

- Creating a smoke-free generation: Gradually ending the sale of tobacco products and breaking the cycle of addiction.
- Strengthening smoking bans: Reducing passive smoking harms in certain outdoor settings, especially for children and vulnerable people.
- Banning vape promotions to children: Preventing the branding, promotion, and advertising of vapes and nicotine products to children.
- Licensing scheme: Introducing a licensing scheme for the retail sale of tobacco, vapes, and nicotine products in England, Wales, and Northern Ireland, and expanding the retailer registration scheme in Scotland.
- Strengthening enforcement: Supporting the implementation of these measures through enhanced enforcement activities to stop harmful tobacco and vape products finding their way into neighbourhood shops and stopping underage sales.

Greater Manchester's [Make Smoking History – Reignite your quitting journey](#) aims to create a smoke-free city region by 2030 (<5% smoking prevalence). This approach features hard-hitting campaigns and community engagement creating smoke free spaces. It has a focus on inequalities and co-production with local communities.

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7.5 What more can be done locally?

Bury Public Health team are exploring healthy advertising methods e.g. billboard advertising for smoke free messaging at Bury Football Club & other local sporting clubs.

There is a commitment to invest in innovative approaches e.g. Allen Carr Easyway Seminars (this is a pilot). It will initially target routine & manual workers & residents living in more deprived areas (IMD 1 & 2 postcodes). The public health team will work with primary care colleagues to promote the Live Well smoke free support. They will explore funding a text messaging campaign aimed at registered patients aged 18+ confirmed as smoking in previous 5 years.

An extension of the 'swap to stop' offer in Bury is being explored. The programme offers free vape starter kits delivered through structured behavioural support delivered weekly for 4 weeks, then fortnightly up to 12 weeks with flexibility as needed. We are also looking into a potential new offer of e-vouchers for free vape starter kits, delivered following Very Brief Advice in targeted setting such as housing associations, community venues, and outreach events in Bury.

Early Break will expand the delivery of their Vaping Harms training. They should target pupil referral units, train staff working with looked after children and care leavers, and designated safeguarding leads in schools.

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8.1 Promote Healthier Environments

- Implement planning policies to restrict unhealthy food outlets near schools (as part of the work we are doing with supplementary planning document)
- Focus on decreased access and availability of harmful products at local level
- Adding children's social care markers to alcohol matrix.

8.2 Regulate Harmful Practices

- Collaborate with Greater Manchester authorities to address harmful advertising and sponsorship (e.g., alcohol, gambling).
- Enforce licensing regulations as much as we can to limit the density of high-risk establishments (using our licensing matrix).
- Review and potentially cease any links the local authority may have with the gambling industry.

8.3 Empower Communities and Businesses

- Support small businesses in adopting health-promoting practices (e.g., healthy food options, employee wellbeing programmes/alcohol support etc). The council business growth and investment team is working in partnership with the Business Growth Hub and the GM Good Employment Charter to enable the Bury business sector to prioritise workforce wellbeing.
- Continue to promote the health offer to businesses at various business and investment events, such as the Business to Business event and the Regen Expo.
- Work with the recent commissioned employment programmes WorkWell and in Work Progression focus on the connection between work and health and in particular supporting businesses to reduce sickness absence and assist with good health & wellbeing practice.

8.4 Advocate for Systemic Change

- Work with national bodies to advocate for tightening regulations on harmful products and marketing strategies.
- Advocate for fair taxation of unhealthy commodities e.g. minimum unit pricing, reinvesting revenue into public health initiatives.
- Use good governance and organisational conflict of interest policy development resources to implement policies on partnership with industry and using harmful product industry funding for interventions. E.g. use the ADPH Good governance Toolkit^[69] (framework for local authorities to develop a consistent approach to managing commercial relationships in line with their values and principles).
- Work with GM colleagues on the Cross-Risk Factor Alliance: A National Prevention Framework for Harmful Products. This is a system-level framework to tackle the biggest three preventable killers –taking a harmful products approach to unhealthy food and drink and alcohol, learning from our existing GM tobacco model. Based on the ‘Holding us back’^[69] framework.

8.5 Communication

- Develop champions and networks amongst local politicians and other partners beyond public health to drive action forward.
- Review use of language in public health promotion. Lifestyle ‘choices’ and behaviour v’s harmful products and industries, resourcing and supporting campaigns that raise awareness using hard-hitting facts and evidence and reinforce public health messaging (as opposed to campaigns that aim to change individual behaviour).
- Develop materials for framing CDOH with the public and press, including FAQs and responses to anticipated challenges. Use these to respond to industry arguments, as well as raising awareness of private sector tactics in communities.

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Addressing the CDOH requires bold action, cross-sector collaboration, and community engagement. While challenges remain, the successes of the past year demonstrate with focused local, regional and national work our collective capacity can contribute to meaningful change.

As we move forward, I call on businesses, policymakers, and residents to join us in creating a healthier, fairer Bury.



Jon Hobday

Director of Public Health

Bury Council

APPENDICES

10.1 Acronyms Used in the Report

ADPH	Association of Directors of Public Health
ADPH	Anti Social Behaviour
AUDIT-C	Alcohol Use Disorders Identification Test- Consumption
A&E	Accident and Emergency Dept
CDOH	Commercial Determinants of Health
CICA	Communities in Charge of Alcohol
COPD	Chronic Obstructive Pulmonary Disease
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4th Edition
GMCA	Greater Manchester Combined Authority
GMFRS	Greater Manchester Fire and Rescue Service
GMP	Greater Manchester Police
GMPHN	Greater Manchester Public Health Network

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HCI	Harmful Commodity Industries
HFSS	High Fat Salt Sugar
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Layer Super Output Area
NCDs	Non communicable diseases
NCMP	National Childhood Measurement Programme
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
OPN	Opinions and Lifestyle Survey
SPD	Supplementary Planning Document
TFGM	Transport for Greater Manchester
THC	Tetrahydrocannabinol (primary psychoactive compound in cannabis)
UCI	Unhealthy Commodity Industries
VCFA	Voluntary, Community and Faith Alliance (Bury)
WHO	World Health Organisation

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10.2 Reflections on Last Year's Report

The [2023 Public Health Annual Report](#) reflected on the health and wellbeing of Bury through the lens of the cost-of-living crisis.

Recommendations	Update 2025
<p>Anti-Poverty Strategy- continue to refine the Anti-Poverty Steering Group to guide strategic direction and engagement and to evaluate the impact of actions to date.</p>	<p>The evaluation of Bury's Anti-Poverty Strategy showed strong delivery across key areas including food support, housing assistance, financial resilience and adult learning. It also identified areas for improvement, particularly the need for clearer prioritisation, stronger outcome monitoring and more consistent coordination across partners. In response, the Anti-Poverty Steering Group is being refined to take a more strategic role by setting clearer direction, strengthening engagement with key stakeholders and overseeing the evaluation of actions taken to date. This will ensure the strategy remains focused, evidence-led and responsive to the needs of Bury's most vulnerable communities.</p>

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Digital wellbeing-deliver further wellbeing courses via libraries, Age UK and Bury Circle.

Bury Libraries offer a range of free digital support services to help residents stay connected, confident, and safe online:

Free Mobile Data, Calls & Texts

Through the National Databank scheme, in partnership with the Good Things Foundation, eligible residents can receive free SIM cards loaded with mobile data, minutes, and texts to help tackle data poverty.

Digital Buddy Sessions

Weekly one-to-one support sessions are available with trained volunteers and library staff. These sessions help residents with using computers, smartphones, tablets, laptops, and other digital devices.

Digital Skills Courses

In partnership with Bury Adult Learning Service, we offer free six-week courses for beginners and intermediate learners. These run throughout the year at various library locations.

Free Wi-Fi & Computer Access

All libraries provide free public Wi-Fi, access to computers, printing, and scanning-to-email services. Staff are on hand to assist with digital queries.

Partnered Digital Support Services

Libraries also host sessions from key partners including:

- National Careers Service
- Citizens Advice
- NHS (e.g. how to use the NHS App)
- Bury Council Revenues and Benefits Team
- Build a Business in GM Libraries (business support workshops)

Scam Awareness Talks

In October 2024, we partnered with Age UK to deliver a series of talks on scam awareness.

Topics included:

- How to spot and avoid scams
- Reporting scams
- Staying safe online
- Recovering after being scammed

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Recommendations

Update 2025

ECO4 Flex-capitalise on the fourth wave of the retrofitting scheme until 31st March 2026.

For ECO4 scheme delivery in Year 1 (2023/24) the Private Sector Housing Team worked with a procured scheme delivery partner (0800 Repair) to proactively promote the scheme. This resulted in 80 homes retrofitted, with £420,460 investment attracted into the Borough. This ensured resident annual average energy bill savings of £567 and 372.5 Tonnes of CO2 saved.

In year 2 (2024/25) activity has ramped up, a Graduate Climate Action Officer has been recruited to promote the Local Energy Advice Demonstrator Project and associated Retrofit Referral Portal. This has resulted in a further 176 homes retrofitted via ECO4, an additional £936,000 of investment, average energy bill savings of £551 and 440 Tonnes of CO2 saved. A funding agreement has been signed with GMCA to ensure the Graduate post is funded for Quarter 1 of 2025/26.

Family Hubs- Develop our Family Hub model and expand services across Bury.

The development of Family Hubs in Bury is progressing well, with 70% of the delivery model focused on early years services for families with children aged 0-5. Over the past year, the Early Years offer has been refined and is now available in all five neighbourhoods through various venues like Family Hubs, Children's Centres, community buildings, libraries, and parks.

The first Family Hub in East Bury opened in October 2023, and a Family Hub delivery board was launched in January 2025 to oversee the rollout across Bury. Efforts are ongoing to identify spaces for Family Hubs in neighbourhoods, creating a 'one-stop shop' for family services. A digital platform for Children's Services is being developed, with a proof of concept underway and expected to roll out later this year. Additionally, a building on Chesham Fold has been acquired to provide doorstep services to families in the most deprived area of Bury, with the development currently out to tender and expected to open in summer 2025.

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Recommendations

Update 2025

Food Strategy- Build on the momentum of our recent success and aim for the Silver Sustainable Food Places award.

Bury Food Partnership launched the Bury Food Strategy - Eat, Live, Love Food in 2021, quickly earning the prestigious Sustainable Food Places Bronze award in 2022. Building on this momentum, we applied for and won the SFP Silver award in 2024. This was a considerable step up in terms of requirement and eligibility and we became the first locality in Greater Manchester to achieve this. This national recognition celebrates our holistic approach to sustainable and healthy food. Achieving it demonstrates our ongoing achievement across the six key issues within the Sustainable Food Places framework^[70]. The assessment team praised our strong partnership and strategic backing, positioning Bury as a leader in Food Partnership development.



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Update 2025

Healthy Start-
Become a national
leader in the uptake
of Healthy Start
vouchers.

Bury Food Partnership continues to expand work across all aspects of the food system, with the Bury Food Strategy. Within the broader body of work, the Partnership prioritised promoting Healthy Start and the community role of markets.

We presented our journey of making Bury Market our flagship local food space a Healthy Start destination at the Sustainable Food Places conference. This led to further connectivity with regional food partnerships, and the Soil Association visiting and sharing their experience in the Bury Changemakers: a place-based approach article^[71].

It was a privilege to showcase at Parliament in Westminster in 2023. Four partnerships were chosen (one from each nation). Bury being chosen demonstrates the high regard in which our work is held, as an example of connecting, supporting, and celebrating communities and businesses through food.

Bury presented our approach at the GM Healthy Start Task Force, which led to Manchester, Tameside and Bolton councils requesting to join a market tour. This tour was also attended by Bradford Market team, Leeds Public Health, Leeds University and the London University Centre for Food Policy. Positive feedback from attendees validated the hard work and commitment the Partnership have given to this cause. The huge momentum generated from our small but important scheme has been immensely rewarding, observing a ripple effect as regional partnerships are replicating Healthy Start in markets within their own areas.

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Update 2025

Let's Fix it-
Champion our
campaign to
advocate for a better
deal for Bury.

We're calling on government to boost council funding and complete the promised and long-awaited review of council funding. A combination of sharply increasing cost and demand pressures means Bury Council continues to be in a state of financial distress.

Because of this, the Council launched its Let's Fix It Together campaign - with over 1500 Bury residents signing our petition.

In March 2024 a letter was sent to the Chancellor of the Exchequer outlining the financial challenges faced by Bury^[2]. The letter also called on government to extend the Household Support Fund (HSF) that makes a vital difference to thousands of our vulnerable residents. This will sit alongside the efforts of the council and those of residents as we both do our bit to keep the borough and our communities flourishing.

But we know that budget pressures are not just having an impact on the council. We know that the rising cost of living is having a huge impact on our residents. Our cost of living support, using money from the HSF and our budget, is helping residents across the borough. We've also held events such as our cost of living showcase at the Mosses Centre to provide direct support.

The LET'S Fix It Campaign is important as we want to ensure that the council has a long future and can be there to support those who need it most, at times of crisis but also when people need on-going support from social care, education, housing teams and other operational services.

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Networks-
Strengthen our
community networks
to make sure our
support services
reach everyone, with
more roadshows to
showcase the help
available.

Winter Well Programme Overview:

Objective: Improve health and wellbeing outcomes for older adults during winter.

Focus Areas: Self-care, cost of living, heating and fuel, food and nutrition, mental wellbeing, physical health, and vaccinations.

Initiatives: Winter wellbeing packs for vulnerable residents, training for professionals, wellbeing drop-ins, and various communication channels (e.g., The Bury Directory, Council communications, digital screens, frontline services).

Partners: Bury Housing, Staying Well team, Live Well Service, VCFA, Bury Older People’s Network (BOPN), Health Protection team, GM Fire & Rescue Service, Climate Action team, and Community Safety.

From September 2024, Bury Council Public Health collaborated with these partners to plan, create, pack, and distribute the Winter Well packs.

Pension Credit / Cost of Living Support Campaign Overview:

Issue: Low uptake of Pension Credit, worsened by the Winter Fuel Allowance decision in 2024.

Action: Bury Council’s Revenues & Benefits Team, supported by Public Health and Staying Well Team, ran a campaign from October to December 2024.

Activities: Drop-ins at various locations to support older residents with pension credit and welfare support.

Outcomes:

- 500 promotional flyers distributed.
- 75 face-to-face drop-ins held.
- 4,018 outbound telephony contacts made.
- 876 text messages sent.
- 401 residents supported with applications, calculations, advice, and DWP transfers.
- £250k in targeted Household Support Payments for low-income pension age Council Tax payers not receiving Pension Credit.

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Skills and employment- work collaboratively with Ingeus to further develop the support and offer available through the neighbour-hub in the Millgate.

The Neighbourhub has remained a central point for health, employment, and skills support, bringing together key workers from all commissioned support services, Bury Council services, and partners from the third sector. The range of services offered to residents at the hub is expanding, with recent additions including representatives from mental health services and drug and alcohol support.

Workplace- integrate wrap around services and skills events into Job Centre Plus Fairs.

There have been several high-profile events in collaboration with Job Centre Plus, including job fairs and meet-the-provider events, which have resulted in job offers for residents. Access to employment support, with health and wellbeing being a key part of the offer to residents, has been a significant focus. We now have an established multidisciplinary team (MDT) to further facilitate the integration of these services.

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10.3 Contributors to 2024-2025 PHAR (all Bury Council)

Shenna Paynter	Public Health Specialist (Healthcare Public Health and Sexual Health)
Lee Buggie	Public Health Specialist (Healthy Place)
Aimee Gibson	Public Health Practitioner (Drugs & Alcohol, Tobacco & Gambling)
Lizzie Howard	Tobacco Control Officer
Francesca Vale	Public Health Practitioner (Food and Health)
Charlie Steer	Public Health Speciality Registrar
Steven Senior	Public Health Consultant
Tracey Flynn	Service Manager – Business and Investment
Simone Starr	Health & Employment Officer – Business and Investment
Matt Peluch	Public Health Practitioner- Age Well & Self Care

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PUBLIC HEALTH ANNUAL REPORT

**THE COMMERCIAL DETERMINANTS OF
HEALTH**

2024/25

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Principal Social Worker Annual Report Adult Social Care – Bury Council

**Reporting Period:
November 2024 – October 2025**

**Emma Massey, Principal Social Worker
Date: 19 November 2025**



I'm pleased to introduce Bury's Principal Social Worker Annual Report for November 2024 to October 2025, a reflection on the year in social work practice and impact across our communities. This report evidences how teams have continued to develop their strengths-based, rights-focused approach and continued to evolve assessments and support planning around what matters most to people.

We've strengthened our legal literacy and refreshed our offer on the Mental Capacity Act and Care Act, widening development opportunities through an expanded CPD programme including ASYE, a consolidation year, apprenticeships and the Think Ahead fast-track.

We renewed our commitment to reflective supervision and introduced InterVision, ensuring learning and wellbeing are at the heart of high-quality practice. Partnership and co-production have flourished—alongside a clear focus on Making Safeguarding Personal—keeping people firmly at the centre of decision-making.

We have also advanced equality, diversity and inclusion, joining WRES and empowering staff networks to ensure no one is left behind. Quality assurance has matured through audits, peer reviews and a new practice dashboard, bringing data and stories together to drive improvement and we did all of this whilst getting read for our CQC inspection.

Despite rising demand and a challenging financial position, vacancy rates remain low, and teams continue to deliver positive, life-changing outcomes with pride, compassion and creativity. As you read on, I want to thank every practitioner and manager whose commitment and professionalism shine through these pages and in the lives of the people we serve as we continue to ensure that the people of Bury have independent and fulfilling lives, involved and connected to their communities.



Adrian
DASS



As my first year serving as Principal Social Worker draws to a close, I have taken time to reflect on the remarkable experience of being part of Bury's dedicated social work and social care community. Each day, I witness colleagues demonstrating commitment, professionalism, and integrity in their efforts to support individuals.

Our teams consistently prioritise the needs of those we serve, maintaining dignity, respect, and a steadfast belief in the strengths of individuals and communities.

It is a privilege to lead such a committed group of practitioners who remain focused on what truly matters: fostering human connection and making a meaningful difference. I am grateful for your unwavering dedication and hard work every day.

It's brilliant in Bury!



Emma Massey, Principal Social Worker, Adult Social Care – Bury Council



1. Introduction

This report reflects on another year of dedication, compassion, and resilience within Bury Council's Adult Social Care social work teams.

The role of the Principal Social Worker (PSW) is to champion the voice of social work across the Council — making sure practice remains grounded in our shared values: promoting dignity, independence, rights, and connection. This report aims to tell the story of our year — celebrating achievements, acknowledging the challenges, and setting our sights on what's next for us as a profession and as a community.

It has been a year of growth, innovation and perseverance. Our social work teams have continued to show incredible commitment to people in Bury — working creatively and compassionately in a climate that continues to test the wider health and care system.

Our Purpose and Context

Bury is renowned for its vibrant community spirit and collective ambition. As our population evolves and new challenges present themselves, it is crucial that we continue to adapt and enhance the way we provide care and support. Guided by the council's "Let's do it!" strategy (Local, Enterprising, Together, Strengths) Bury Council's borough-wide vision to 2030. It guides how Adult Social Care works and focuses on prevention, inclusion, and community-based support.

How Adult Social Care aligns with LETS

- Local: Support delivered through neighbourhood teams and community hubs.
- Together: Integrated working with health, housing, voluntary and community services.
- Strengths-based: Focus on what matters to the individual, building independence and using existing support networks.
- Prevention: Aim to prevent, reduce, and delay the need for long-term council care.

What this means in practice

- Person-centred assessments and support.
- Early intervention, advice, and community-based solutions before formal care.
- Partnership working to address wider needs (wellbeing, housing, isolation).
- Commitment to inclusive, accessible services for adults with disabilities, long-term conditions, or age-related needs.

This approach supports independence, reduces dependency on services, strengthens communities, and ties Adult Social Care into Bury's wider "Let's Do It!" priorities for healthier, more resilient neighbourhoods. Having a shared vision uniting people and services to create meaningful change — our approach in Adult Social Care is firmly rooted in enabling the people of Bury to lead independent, fulfilling lives, fully engaged and connected to their community.

Social work in Bury is about walking alongside people, listening deeply, and working together to find solutions that help them live full, meaningful lives. We work hard on our practice principles underpin this vision: we listen to people, act with openness and honesty, build on individual and community strengths, and work collaboratively with our partners. These principles guide us as we strive to support everyone in Bury to live well, independently, and with dignity. We work with our vision the heart of our work to deliver this.

'The people of Bury will have independent and fulfilling lives, involved and connected to their communities'

We continue to work within a national context of rising demand, growing independencies, CQC assurance and inspection and ongoing reform in Adult Social Care. Yet, the spirit of our teams remains strong, focused on the principles of the Care Act 2014: promoting wellbeing, preventing need, protecting people from harm, and ensuring that everyone's voice is heard and respected.

In Bury, we are proud to work within an integrated system that values partnership, co-production, and strengths-based practice. Social work's voice — rooted in human rights and social justice — continues to shape how we design and deliver care.

2. Highlights and Achievements

Strengths-Based and Person-Centred Practice.

This year, we deepened our strengths-based approach — focusing on what matters most to people, not just what challenges they are encountering.

- Teams have a strong strengths-based assessments - we've focused on "what's strong, not what's wrong" within support planning, and we continue to develop our holistic, person centre strengths-based support planning journey. This learning will be incorporated into our strengths-based implementation in the coming year.
- CQC preparation has supported our understanding of quality of our work, especially through the feedback from our people. We have used this feedback to develop our quality improvements, for example the Mental Capacity Assessment refresh and training, the training programmes delivered and the Money Matters project.
- We really focused on our legal literacy in terms of training, our mandatory training programme, developing and building a Legal Gateway process and developing regular legal briefings.
- We've renewed our commitment to reflective practice through our new supervision policy, supporting us to look at how we balance professional judgement with human empathy, wellbeing and our personal development.
- Connection, identity and inclusion have been a driving force within all our work to ensure inclusion and inclusive practice is at the heart of everything we do in our department. We have committed to the Workforce Race Equality Standards, developing our data to ensure no-one is left behind and have our new Equality, Diversity and Inclusion Staff steering group and Neurodiversity group staff set up.

Professional Development and Learning

- We supported our newly qualified social workers through the Assessed and Supported Year in Employment (ASYE) programme, ensuring they felt supported and confident as they began their careers.
- Introduced a Consolidation year for everyone in year 2 of social work practice, continuing to support development and reflection.
- Reviewed and refined our Apprenticeship programme, introduced a Post Graduate programme and the Think Ahead for better mental health fast track programme.
- We have embedded a regular practitioner forum
- Social work conferences have been brilliant - full of energy, developed and reflection – having time to build our practice principals, reflection on inclusion and 'complexity' whilst celebrating your achievements.

Our CPD offer expanded to include:

- Legal literacy growth and development opportunities on the Mental Capacity Act, Care Act and developing our internal Best Interest Assessor programme.
- Monday Master classes focussed on themes identified by practitioners and through audit
- Full mandatory training programme developed for all practitioners.
- Peer learning networks that bring social workers together to share insight and learning.

We're also nurturing future talent — strengthening partnerships with universities to offer more placements and inspire the next generation of Bury social workers.

Quality, Learning and Reflection

We've worked hard to build a culture where learning and assurance are everyone's business.

- Regular audits and peer reviews have celebrated good practice and highlighted where we can grow.
- Themes from safeguarding reviews have been shared supporting continuous improvement.
- A new workforce dashboard is helping us see trends in practice, we're listening to stories and experiences behind the data.
- Supervision is a cornerstone of high-quality practice within Bury Adult Social Care. We are committed to providing robust, effective supervision for all practitioners, recognising it as a vital tool for achieving the best outcomes for those we serve. Effective supervision in social work is a shared responsibility, fostering professional growth, managing workloads, and supporting emotional well-being.
- Introduction of InterVision to develop peer support and learning within teams
- Every safeguarding decision we are working hard to understand what making safeguarding Personal for everyone demonstrating strengths-based work and focus of compassion and professionalism of our workforce.

Partnership and Co-Production

This year we've deepened collaboration with health, housing, and community partners.

- Social workers continue to be integral to neighbourhood teams offering holistic perspectives that keep people at the centre of interventions.
- We've co-produced learning sessions with carers and people who use services grounding our work in real experience.
- We've continued to advocate for community-based, preventative approaches that promote inclusion and wellbeing.

Reflections

No report would be complete without acknowledging the realities we face.

Demand remains high and is growing especially within our older adult population. The needs of some in our people are becoming more compounded and we are working to ensure best value in our service delivery given the financial pressures in our local and national system, but we continue to deliver positive, even life changing outcomes for our people.

We continue to support people with Advice Guidance and Information, through Connect and Direct services, Staying Well and Active Case Management approaches. We will be building our prevention action plan to ensure we offer the right support, at the right time to enable people's independence, choice and control.

The job is demanding, but our vacancy rates remain low with a low staff turnover as a department. The pride and commitment of our social care workforce was evident in both our LGA Peer Review and CQC Inspection visits this year as staff told their stories and evidenced the difference their interventions are making to the citizens of Bury.

Our staff have shown resilience working with kindness, professionalism and creativity. I have seen countless examples of how staff have worked together, supported each other and work as a team. We need to do more to celebrate our work and achievements in the year ahead.

Looking Ahead: Priorities for the Year Ahead

Deepen our strengths-based, rights-based practice

- Embed reflection and peer learning into every team.
- Continue to evolve our assessments and support planning embedding strengths based, relational conversations that focus on choice and autonomy not just in our practice but also in our documentation.

Invest in our people

- Developing a new Workforce Strategy, to ensure Bury is a great place to work
- Continue to develop progression and leadership pathways.

Enhance quality and learning

- Build on the Quality Assurance Framework and audit findings ensuring learning translates into better experiences for people.
- Use data and stories together to shape service improvement.

Champion Equality, Diversity and Inclusion

- Actively challenge inequality and discrimination.
- Embed inclusive practice and co-production at every level.

Conclusions.

This year has reminded me of what truly matters — relationships, trust, and the power of human connection.

I am incredibly proud of every social worker, manager and colleague in Bury Adult Social Care. Together, you bring empathy, creativity, and integrity to the lives of those we serve.

As Principal Social Worker, I am grateful to work alongside such compassionate professionals — people who hold hope, protect rights, and make a difference every single day.

The year ahead will no doubt bring more change, but we will meet it with the same values that define us: courage, compassion, and belief in people's potential.

Emma Massey
Principal Social Worker

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