

# AGENDA FOR

## HEALTH AND WELLBEING BOARD



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

Dear Member/Colleague

### Health and Wellbeing Board

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

<b>Date:</b>	Tuesday, 11 November 2025
<b>Place:</b>	Committee Rooms A&B
<b>Time:</b>	4.30 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

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

### **3 PUBLIC QUESTION TIME**

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

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

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

The minutes of the meeting held on 4<sup>th</sup> September 2025 are attached.

### **5 MATTERS ARISING**

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

#### **a PUBLIC SECTOR LEADERSHIP TEAM UPDATE** *(Pages 13 - 18)*

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

#### **a SAFEGUARDING ANNUAL REPORT** *(Pages 19 - 26)*

#### **b BCF QUARTER 2 UPDATE** *(Pages 27 - 34)*

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

### **9 OBESITY AND HEALTHY WEIGHT UPDATE** *(Pages 35 - 52)*

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

There are no items for consideration under this quadrant.

#### **a CULTURE STRATEGY UPDATE** *(Pages 53 - 64)*

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

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

## **12 URGENT BUSINESS**

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

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**Minutes of:** **HEALTH AND WELLBEING BOARD**

**Date of Meeting:** 4 September 2025

**Present:** Councillor T Tariq (in the Chair)  
Councillors A Arif, E FitzGerald, J Southworth and S Walmsley

**Also in attendance:** Will Blandamer Executive Director (Health and Adult Care)  
Dr Cathy Fines  
Jon Hobday Director of Public Health  
Adrian Crook Director of Community Commissioning  
Steven Senior Public Health Consultant  
Chris Brown Head of Revenues and Benefits  
Charles Steer Public Health Registrar  
Lee Buggie Public Health Specialist (Live Well/Health Places)  
Lizzie Howard Tobacco Control Officer  
Barry McCann (MANCHESTER HEALTH AND CARE COMMISSIONING)  
Deborah Glassbrook SEND Improvement Advisor

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

**Apologies for Absence:** Councillor J Lancaster and Councillor T Pilkington Sian Grant Director of Housing

#### **HWB.111 APOLOGIES FOR ABSENCE**

Apologies for absence are noted above.

#### **HWB.112 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

#### **HWB.113 PUBLIC QUESTION TIME**

There were no public questions asked at the meeting.

#### **HWB.114 MINUTES OF PREVIOUS MEETING**

**It was agreed:**

That the minutes of the meeting held on 12<sup>th</sup> June 2025 be approved as a correct record.

#### **HWB.115 MATTERS ARISING**

There were no matters arising.

#### **HWB.116 WIDER DETERMINANTS OF POPULATION HEALTH**

##### **a ANTI-POVERTY UPDATE**

Chris Brown provided an update on the Council's anti-poverty work, referencing the "Let's Tackle Poverty" programme, the Household Support Fund (HSF), and ongoing partnership working. He highlighted the redesign of services to move from passive to proactive support, including the creation of a collecting team and embedding vulnerability awareness into service delivery.

Face-to-face advice and support are being introduced, with welfare support hubs piloted at:

- Bury Town Hall Reception
- Prestwich Library
- Whitefield Library

These hubs assist residents with Personal Independence Payment (PIP) applications and ensure they receive the maximum entitlement. Early pilots in Prestwich and Bury have shown strong demand, with Ramsbottom and Radcliffe to follow. While not yet full-time, the service is responding to clear need, especially among vulnerable groups and those facing language barriers.

Chris also proposed the development of an overarching anti-poverty strategy, shaped by lived experience and resident input, and implemented with key public sector leads.

A member asked how the strategy could be extended to the wider health and care system, including care homes and other settings. Chris responded that improved communications and referral systems are key. He cited a pilot in Stockport where data sharing between GP practices and welfare teams enabled early identification of eligible individuals, helping prevent people from falling through the cracks.

A councillor raised concerns about language barriers and the stigma associated with claiming hardship. Chris agreed and emphasised the importance of prevention over intervention. He noted that meaningful joint working is essential and acknowledged that the term "poverty" may carry stigma he is open to suggestions for alternative terminology.

Cllr Arif asked whether support for disability-related benefits extended to children and how residents could monitor the outcomes of their applications.

Chris confirmed that while support for children is not explicitly advertised, the team works closely with Children's Services to ensure families are aware of available support. Most forms are now online, supported by back-office systems to speed up processing. Assisted help is available at the hubs, including floor walkers to guide residents through the process.

Cllr Fitzgerald raised concerns about housing and the lack of hub presence in Whitefield. Chris explained that energy efficiency schemes are often focused on private rented housing, and a pilot is underway within Bury Council's private sector housing scheme. He acknowledged the need for a presence in Whitefield and confirmed that discussions are ongoing with BGI to establish a hub there. He also noted the importance of linking with Will and the INT team to ensure coordinated support.

Adrian Crook commented on the long-standing value of social care initiatives and expressed optimism that Whitefield would benefit from developments in the coming months.

It Was Agreed:

- The update be noted

**HWB.117 THE OPERATION OF THE HEALTH AND CARE SYSTEM****a PHARMACY NEEDS ASSESSMENT**

Steven Senior opened the item by explaining the statutory requirement for a Pharmacy Needs Assessment (PNA), which must be undertaken every three years. This assessment is essential for determining whether new pharmacies are needed and for supporting applications to open them. Bury, Oldham, and Rochdale have jointly commissioned the current PNA to ensure consistency and efficiency across the boroughs.

Barry McCann provided a summary of the work undertaken so far, noting that:

- The data collection and analysis have been completed.
- The approach has been standardised across local area teams, which has improved consistency and reduced complexity.
- There is an ambition to extend this standardisation across Greater Manchester (GM), including a GM-wide gap analysis to ensure robust coverage and identify any areas of unmet need.

Barry confirmed that no significant gaps have been identified in the current assessment. The team is now preparing to launch a 60-day consultation period, with surveys ready to be distributed to stakeholders and the public.

A Councillor raised a concern about the Whitefield area, noting that the only pharmacy listed is Asda Pilsworth, which may not provide adequate access for residents. She asked whether the NHS recognises this as a shortfall.

Barry acknowledged the concern and explained that while Asda Pilsworth is technically within the area, its accessibility may be limited depending on transport and location. He clarified that out-of-hours provision is considered within the PNA, and any pharmacy can apply to extend its hours to improve access. If such changes enhance service coverage, they would be supported and not declined. The reduction in 100-hour pharmacy contracts has impacted access in some areas, and this has been factored into the current PNA. These learnings will inform future cycles.

A member asked how the consultation would be conducted and how feedback would be incorporated into the final document. Barry confirmed that the consultation will run for 60 days, and stakeholders will be contacted directly via email. All comments and feedback received will be reviewed, and if any areas are identified as needing improved provision, these will be added to the final version of the PNA.

A member of the committee raised the issue of Besses ward, which is frequently described as a "pharmacy desert." He asked for clarification on how this area is represented in the mapping. Barry acknowledged the concern and confirmed that mapping has been done to identify provision across all wards. He agreed to review the mapping for Besses to ensure it accurately reflects the current situation and to assess whether the area is underserved.

A Councillor added that while there are two pharmacies in the Besses area, but there is no GP practice, which further limits access to healthcare services.

Will responded that while adding a GP practice is challenging due to infrastructure and commissioning constraints, there are ongoing efforts to enhance community provision in the area to help bridge the gap.

It Was Agreed:

- The update be noted

**b CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT**

Steven, Senior Public Health Consultant, presented the Child Death Overview Panel (CDOP) Annual Report, which provides a detailed review of child deaths across the borough with the aim of identifying modifiable factors and informing preventative action. The CDOP sits at the end of the child death review process and plays a crucial role in public health by examining the circumstances surrounding each death. The panel benefits from strong clinical representation and works across multiple organisations to ensure a comprehensive understanding of the contributing factors.

The report is structured into three main sections. The first covers publicly available data, including birth rates, child mortality rates, and the impact of wider social determinants such as children in care and homelessness. The second section explores intrinsic factors such as congenital disorders, as well as environmental influences including the home and social context. The final section focuses on modifiable factors—those that, if addressed, could potentially prevent future deaths. It was noted that it is rare to review deaths that occur within the same calendar year due to the time required for thorough investigation.

Key findings from the report show that birth rates are declining and there has been a reduction in child poverty. However, child mortality rates remain flat, with many deaths occurring in children under the age of one. These are often linked to congenital or genetic conditions. The report also highlights that higher rates of child deaths are found in the most deprived areas, and several cases involved one or more modifiable factors, particularly relating to pregnancy and household environments. Issues such as unsafe sleeping practices and alcohol use continue to be areas of concern.

Steven emphasised the importance of targeting advice and support to families, particularly around safe sleeping and access to genetic counselling. He invited the Health and Wellbeing Board to consider the recommendations and how they could be implemented locally.

A member of the committee raised the issue of deprivation and demographics, noting that unsafe sleeping conditions, premature delivery, and substance misuse are key contributing factors. They highlighted that stigma and cultural taboos can prevent individuals from seeking support, particularly among women from minority ethnic backgrounds, and raised concerns about how maternity services are experienced by these groups. They welcomed the opportunity to take forward the learnings from the report and explore how to change mindsets and improve outcomes.

Another member agreed with the points raised and emphasised the importance of building on existing strategies. They suggested that the recommendations in the report could act as an additional lever to strengthen current work and proposed exploring peer mentoring and community champion models as part of the Starting Well approach. They also recommended bringing the issue to relevant portfolios and reporting back to the Health and Wellbeing Board.

Further discussion focused on maternity service access, with a member asking how the Council could ensure that alternative maternity services are effective, given the absence of a direct maternity unit in Bury. They stressed the importance of early help and engagement with maternity services, including the Maternity Voices Partnership.

Dr Cathy Fines confirmed that Bury does have access to the Maternity Voices Partnership and agreed with the importance of maternal choice and experience. She highlighted the role of the Safeguarding Partnership in promoting safer sleeping practices and shared that since COVID, there have been five child deaths linked to unsafe sleeping. Each of these families faced



additional vulnerabilities. She explained that the Safer Sleeping Toolkit has been introduced to offer bespoke support to such families and that CDOP is working in partnership with the Safeguarding Partnership to implement changes across both boards.

The discussion concluded with support for integrating this work into the Starting Well Partnership and planning a coordinated approach to address the issues raised in the report.

It Was Agreed

- The update be noted

**c**

## **SEND AGENDA UPDATE**

Deborah Glassbrook, SEND Improvement Advisor, attended the meeting to provide an update following the recent SEND inspection and stocktake. She explained that Bury was one of the 69 areas inspected under the new SEND and alternative provision framework, ranking 31st in the sequence. While 15 areas received mostly positive outcomes, Bury was identified as having widespread and significant failings, placing it among the authorities with substantial improvement work to undertake. Deborah acknowledged the challenge but highlighted the strong work of the SEND Improvement and Assurance Board in responding to the inspection findings.

She outlined the strategic overview of the improvement response, noting that Section 2 of the report details priority actions and areas where progress has already been made. The work is being tracked through a RAG-rated progress framework and a full risk register, providing a clear understanding of both achievements and areas still requiring attention. Deborah emphasised the strength of the partnership, particularly the involvement of young people and the role of Bury2Gether in holding the system to account. She noted the positive collaboration between the council and health partners and expressed hope that schools would soon become statutory partners under the improvement notice issued by the Department for Education.

The stocktake process assesses progress at six and twelve-month intervals, and Deborah reported that the recent review was very positive, with no new concerns raised beyond those already identified. She described it as a strong reflection of the partnership's efforts and commitment. Looking ahead, she acknowledged ongoing challenges, including an 18-month monitoring inspection and delays to the next formal visit. Key areas of focus include embedding the workforce strategy and improving understanding of data relating to children and young people across Bury. She expressed confidence in the direction of travel, especially considering upcoming changes linked to the ICB and national white paper.

A member of the committee thanked Deborah for her contribution and reiterated the importance of the local area SEND inspection as a shared responsibility across the council and its partners. Another member found the presentation useful and raised concerns about access to support, particularly long waiting times and the impact of NHS service pressures such as adult ADHD consultations and staffing shortages. Deborah acknowledged these challenges, noting that while health partners have been highly supportive, wait times remain a national issue. She stressed the importance of understanding the reasons behind delays and maintaining pressure to improve outcomes, recognising that while progress is being made, there are limits to what can be achieved locally.

Further comments from the committee recognised the efforts of NHS colleagues and the broader system in addressing inequalities and supporting children and young people. It was noted that Bury's waiting times are relatively favourable compared to other Greater Manchester authorities, and additional funding has been secured to support ADHD services. The work was described as well-respected and part of a wider regional effort. The Board was

asked to note the report and consider how colleagues can remain engaged with this agenda moving forward.

It Was Agreed

- The update be noted
- Deborah be thanked for attending to provide the update

## **d BCF UPDATE**

Adrian Crook, Director of Community Commissioning, provided a brief update on the Better Care Fund (BCF), noting that quarterly updates are required and the latest metrics are included in the meeting pack. The benchmarking data on page 232 compares Bury's performance against other areas in the Northwest, with one set of metrics ranking Bury's outcomes. It was noted that hospital stays are performing well, remaining below expected thresholds.

The pooled budget for the BCF currently stands at £33 million, which is used to fund integrated care provisions across the system. Adrian highlighted that this investment is making a tangible difference in service delivery and outcomes.

It Was Agreed

- The update be noted

## **HWB.118 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

### **a SMOKING UPDATE**

Lee Buggie, Public Health Specialist, and Lizzie Howard, Tobacco Control Officer, presented an update on tobacco control work in Bury, supported by a slide deck outlining both national and local developments. The presentation began with an overview of the national footprint, including the upcoming Tobacco and Vapes Bill, which aims to create a smoke-free generation. The bill is expected to come into effect by January 2026 and will have a significant impact on population health. Locally, there has been an increase in fixed penalty notices and targeted enforcement, particularly around youth vaping and disposable vapes, with work ongoing in tactical licensing and partnership enforcement.

Lizzie Howard introduced the newly launched Bury Tobacco Control Alliance, which brings together partners to support the borough's ambition to reduce smoking prevalence, currently at 10.5%. While smoking among mothers is at its lowest recorded level, inequalities in smoking rates are widening. The government has introduced a five-year ring-fenced grant to support tobacco control, which has enabled the recruitment of a dedicated officer and the development of co-produced materials with local children. The programme also includes workplace wellness initiatives and targeted advice through regeneration and partnership work.

Year two of the grant will support the expansion of youth campaigns in collaboration with Early Break, with a focus on engaging parents and guardians. Plans are underway to create smoke-free spaces in and around schools to help de-normalise smoking and vaping. The Stoptober campaign has launched across all five neighbourhoods, and pilot Alan Carr seminars are being delivered in partnership with Bury FC to target areas with the highest smoking rates. The "Stop to Swap" initiative continues to offer vape starter kits through regular drop-ins, supported by a train-the-trainer programme to build local capacity.

Lee Buggie highlighted the importance of effective enforcement, working with trading standards and police to tackle illegal vape sales. Data from fast food and alcohol licensing is being used to inform planning decisions, and community intelligence is playing a role in identifying problem areas. The team meets bi-monthly to monitor emerging issues such as the sale of snus and other products, and recommendations are being developed to strengthen tobacco enforcement.

Committee members raised several points during the discussion. One member highlighted concerns around licensing loopholes and the sale of counterfeit vapes below market value, which can lead to wider public health issues. They asked what more could be done from a public health perspective to take a firmer stance. Another member suggested implementing no-smoking zones outside school gates to promote a smoke-free environment and encourage schools and colleges to get involved. A further contribution emphasised the role of trading standards and the importance of clear communication and reporting mechanisms. It was noted that smoking remains a major driver of health inequalities, and the innovative approaches being trialled in Bury were welcomed.

The work of Lizzie Howard and the wider team was commended by several members, with particular praise for the establishment of the Tobacco Control Alliance and the comprehensive approach being taken. The Board was asked to note the report.

It Was Agreed

- The update be noted

## **b WINTER VACCINATION CAMPAIGN UPDATE**

Steven, Senior Consultant in Public Health, provided a brief update on the annual vaccination campaign. The campaign began in September for children and October for adults, with a focus on prevention. Vaccinations are offered to all children aged 2–3 and from age 6 upwards, as well as to adults aged 16 and over. While COVID-19 is not considered a seasonal virus, the vaccine is offered twice yearly for operational convenience, aligning with the flu vaccination schedule. Steven noted that respiratory syncytial virus (RSV) tends to circulate earlier than flu, and highlighted the availability of a pneumonia vaccine for individuals upon turning 65.

Data presented in the slides showed Bury's uptake rates compared to national figures, with a recovery in uptake since the low point in 2021–2022. Credit was given to GP practices and community pharmacies for their efforts. The Board was shown examples of the communications materials used in this autumn's campaign and asked to note the report.

It Was Agreed:

- The update be noted

## **HWB.119 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING**

Jon Hobday and his team were thanked for his ongoing work in relation to reducing health inequalities, an update on which had been circulated via email.

## **a PREVENTION FRAMEWORK / NATIONAL HARMFUL PRODUCT TOOLKIT**

## **HWB.120 GM POPULATION HEALTH BOARD FEEDBACK**

Jon Hobday, Director of Public Health, provided an update from the Greater Manchester Population Health Board.

**It was agreed:**

That the update be noted.

## **HWB.121 URGENT BUSINESS**

There was no urgent business.

**COUNCILLOR T TARIQ**  
**Chair**

**(Note: The meeting started at 4.30 pm and ended at 6.30 pm)**



# Public Service Leadership Teams [PSLTs]

Input for Bury Health & Wellbeing  
Board, November 2025

# Integrated Neighbourhood Working in Bury

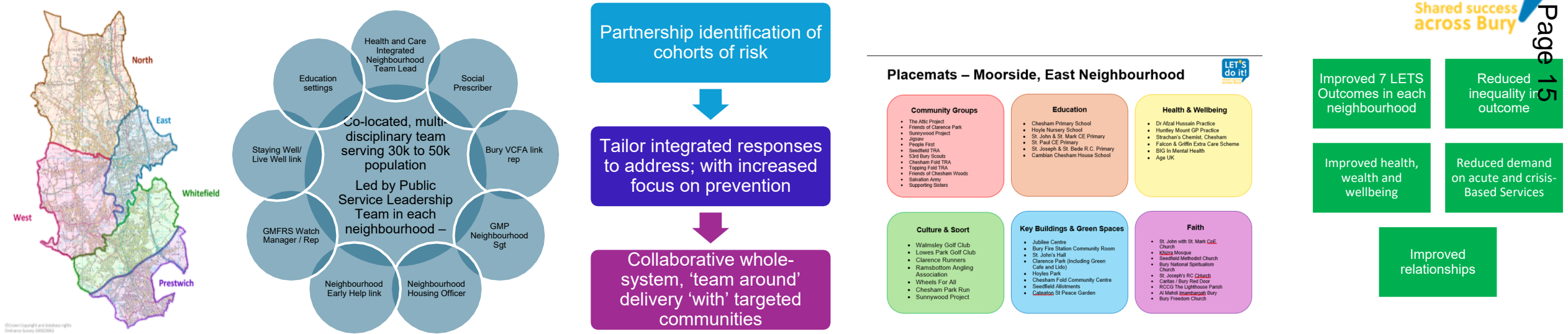
Joined up services across 5 identified neighbourhoods; working with communities to relentlessly focus on prevention and earlier early intervention; maximising local assets and spaces in each neighbourhood to enable people to thrive.

Bury's model of 'integrated support' with a neighbourhood focus by default:

North	East	West	Whitefield	Prestwich
Each neighbourhood has a Neighbourhood profile and analysis of need, identification of cohorts of risk to tailor and target integrated person-centred activity				
Co-located multidisciplinary teams in each neighbourhood, led by a Public Service Leadership Team, integrating 'integrated support' through a 'Team Around' approach. Includes housing engagement; health and care integrated leads; social prescribers; employment support; Live and Stay Well; police and fire neighbourhood leads; Family Help leads; public health; voluntary sector infrastructure representatives				
Joint delivery of strengthened Integrated Neighbourhood Team (INTs) (Adult Care and Health) model including social prescribing and increasing alignment of mental health early intervention and prevention.				
Rapidly developing model of family hubs described by neighbourhood and delivering the prevention and early intervention strategy for children and increasingly connected to schools				
Finalising the Live Well model and specifically within this the neighbourhood-based employment support model.				
Strengths based approach built on LETS Behaviours to further engagement, participation and reduce inequalities, eg co-designing interventions with lived experience groups.				
Collective insight of community assets and networks, with which to work with communities and connect people at place as examples of Live Well spaces, coordinated by Bury Voluntary, Community and Faith Alliance				

Neighbourhood working in Bury, LET's Do It!

5 neighbourhoods against which public services corral, led by partnership place based teams who identify specific cohorts of risks against which to integrate on as a multi-agency response and proactively plan to prevent future need; building on and up the collective strengths within the neighbourhood to deliver improved outcomes for residents, communities and systems (reducing inequality and the impact of this)



Faster than average economic growth		Reducing deprivation and inequality	
Whole-system; whole place approach to maximise opportunities & connectivity of local people to these		Co-ordinated; targeted activity to address root causes and drivers of inequality/ barriers to life chances	
Local	Enterprising	Together	Strengths
<ul style="list-style-type: none"><li>Concentration around five agreed neighbourhoods – connecting local residents; local practitioners; local assets</li><li>Identification of localised cohorts of risk and vulnerability with local practitioners working differently on a multiagency basis</li><li>Identification, targeting and tackling of inequalities (health, social, economic)</li><li>Community led (communities intersecting of place, identity and experience)</li><li>Maximising connectivity and maturity of working in GM system whilst delivering distinctly by respective neighbourhoods</li></ul>	<ul style="list-style-type: none"><li>Innovative approaches to targeted prevention and earlier early intervention (avoiding high cost interventions with poor outcomes)</li><li>Bringing population health and physical place shaping together (people and places) to create condition for 'good lives'</li><li>Positive risk taking to be creative, including maximising use of new technologies</li><li>Relentless focus to remove, reduce, delay acute and crisis demand</li><li>Shift in power as close to those affected by decisions [nothing about you without you]</li><li>Tailor approaches recognising spectrum of need/ support offer – not one size fits all in separate silos</li></ul>	<ul style="list-style-type: none"><li>Partnership, integration; collaboration – but not necessarily in a single base – maximising opportunities for practitioners/ people to come together effectively</li><li>Person centred with 'Team Around' approach – more cohesive; less siloed.</li><li>Having a shared understanding of collective place (communities and their strengths)</li><li>Broader and more consistent neighbourhood framework – single 'neighbourhood' lens</li><li>Joined up dialogue with communities</li><li>Alignment of resources</li><li>Integrating 'integrated' support – health, housing, employment</li></ul>	<ul style="list-style-type: none"><li>Empowered communities supporting their resilience and creating conditions to thrive</li><li>Strong VCFSE including infrastructure – local MOU building on VCFSE accord (ahead of national Civil Society covenant)</li><li>Asset based, considering the whole person/ family and their networks</li><li>Further develop relationships between professionals and communities; develop trust and place leadership</li><li>Further develops insight and dialogues to improve inclusion</li><li>Learning culture for further improvements</li><li>Focus on what people can do, and their abilities, rather than benefit types; sanctions; waiting lists</li></ul>

# Examples of PSLT activity in practice

Collaborative place-based partnership activity in relation to collectively identified cohorts of risk [with a focus on prevent; reduce; delay]

- **EAST:** Deep dives on mental health, hoarding, nutrition and hydration. Targeted work in Chesham including winter well and smoking cessation aligned to Family Hub spoke and increasing usage of Chesham TRA.
- **NORTH:** increased focus on trained walk leaders to deliver social activities partnered with digital inclusion offers. Series of social prescribing led partnership drop in across each Ward in North.
- **PRESTWICH:** Development of anti-poverty resource map addressing financial vulnerability; targeting messaging and support through community leads for non-digital promotion of messaging; embedding regeneration colleagues to target opportunities of Longfield Development to address social and economic inequalities.
- **RADCLIFFE:** Collaborative focus with Big Life Group and Achieve alongside tenancy sustainment and Active Case Management; Health visiting and Housing developed integrated pathway to inform Health Visiting of Families with Children under 5 moving from out of area to Radcliffe.
- **WHITEFIELD:** Operation VARDAR – following a spike in organised criminality & serious violence, the police, housing, licensing, and the antisocial behaviour team among many others put in a range of interventions to put a stop to the escalating issues and rebuild community pride in the area. Through getting offenders out, vetting new residents, supporting the closure of problematic ginnels, and championing community pride, the operation has now been stepped down as a priority and we have seen a large decrease in this type of criminality.





## Examples of PSLT activity in practice

- Frailty and COPD Health Priorities – place based focus on reducing health inequalities associated with frailty and COPD, prevention of deterioration of their condition, and maintaining their health and independence for as long as possible. Collaborative working with Staying Well Team, Live Well Service and Social Prescribing for onward support is an integral part of this system wide approach.
- Targeted Lung Health Check Programme – working across teams including public health, INT, strategic partnerships and local councillors, we supported the successful delivery of the GM-wide Targeted Lung Health Check programme – eg in Whitefield. Over 3,000 patients in Whitefield were invited, over 2,000 patients attended a lung health check, 915 of those who attended were eligible for a CT scan, 614 patients are recalled in 24 months, 5 patients are recalled in 12 months, 122 are recalled in 3 months, 17 people were referred to hospital for lung cancer investigations
- Development of High intensify user pathway for frequent attender to Fairfield Accident and Emergency and reviewing inpatients pathway back into the community.
- Place based increased awareness of identification and response to Damp and Mould through broadening of 'Eyes Wide Open' approach
- Targeted vaccination information – messaging and tailored approaches to access. Rolling out similar approach to address cancer screening.



## Next steps

- PSLTs as 'Live Well' Leadership Teams including VCFSE connectivity
- Furthering work with schools and learning settings
- Increasing reach into traditionally non-place based teams, to increase neighbourhood networking opportunities
- Explore opportunities to further evolve traditionally police-led Partners and Communities Together [PACT] meetings



## Report from Safeguarding Adult Board

<b>To:</b>	Health & Wellbeing Board
<b>Chair/Author:</b>	Rachael Strutz- Safeguarding Partnership Manager
<b>Date:</b>	4 <sup>th</sup> November 2025

This report provides an overview of the SAB Annual Report 2024/25

### Annual Report 2024–2025

#### Our Purpose and Strategic Role

At the heart of BSAB's work is our commitment to protecting adults with care and support needs who are at risk of abuse or neglect. We aim to promote their well-being, dignity, and safety through strong strategic leadership, oversight, and challenge. Our work is underpinned by a person-centred approach and a drive for continuous improvement.

#### Case Spotlight: Operation Vardar

A key highlight this year was **Operation Vardar**, which successfully disrupted organised crime groups, safeguarded seven vulnerable tenants, and contributed to a reduction in local crime. This case exemplifies the power of multi-agency collaboration and proactive safeguarding.

#### Partner Highlights

Our partners have made significant contributions:

- **Adult Social Care** advanced its **Transformation Plan**.
- **Health** introduced **IDVAs** (Independent Domestic Violence Advisors) and improved data dashboards.
- **Probation** embedded trauma-informed practices.
- **Housing** focused on safer accommodation.
- **Greater Manchester Police (GMP)** led impactful joint operations.

#### National and Regional Engagement

BSAB continues to influence and learn from broader networks:

- Our **Independent Chair** plays a national leadership role through the **National Chairs Network** and as **Vice Chair of SARN**.
- The **Business Manager** is actively engaged in both **Greater Manchester and national safeguarding networks**, ensuring Bury's voice is heard and best practices are shared.

### Key Statistics

- **10 Safeguarding Adults Review (SAR) referrals** were received; 3 were commissioned, and 7 did not meet the threshold.
- **161 SAR actions** were tracked, with **68% discharged**.
- In Adult Social Care, **93% of risks were reduced or removed**, and **89% of outcomes were achieved**, reflecting strong safeguarding effectiveness.

### Strategic Priorities

Our work is guided by three strategic priorities:

1. **People and Outcomes**
2. **Safeguarding Effectiveness**
3. **Lessons and Future Practice**

### Subgroups and Governance

BSAB's work is driven by four key subgroups:

- **Learning and Development**
- **Multi-Agency Working Group**
- **Adult Case Review Group**
- **Multi-Agency Risk Management Strategic Risk Panel**

These groups ensure robust oversight, learning, and coordinated responses to complex safeguarding issues.

### Themes from Safeguarding Adults Reviews

Recurring themes include:

- Self-neglect and complex risk management
- Domestic abuse and coercive control
- Professional curiosity and escalation
- Inter-agency communication and coordination
- Involving families and carers to strengthen **Making Safeguarding Personal**

### Training and Protocols

We've delivered a wide range of training, including:

- **Mental Capacity Act (MCA)**
- **Domestic Abuse**

- **Professional Curiosity**
- **Neglect and Acts of Omission**
- **Multi-Agency Safeguarding**
- **MARM (Multi-Agency Risk Management)**
- **Dual Diagnosis**
- **Hidden Harm**

Updated protocols include:

- MCA and DoLS
- Pressure Ulcers
- Domestic Abuse
- PIPOT (Person in a Position of Trust)

#### **Looking Ahead: 2025–2026 Focus**

Our focus for the coming year is to:

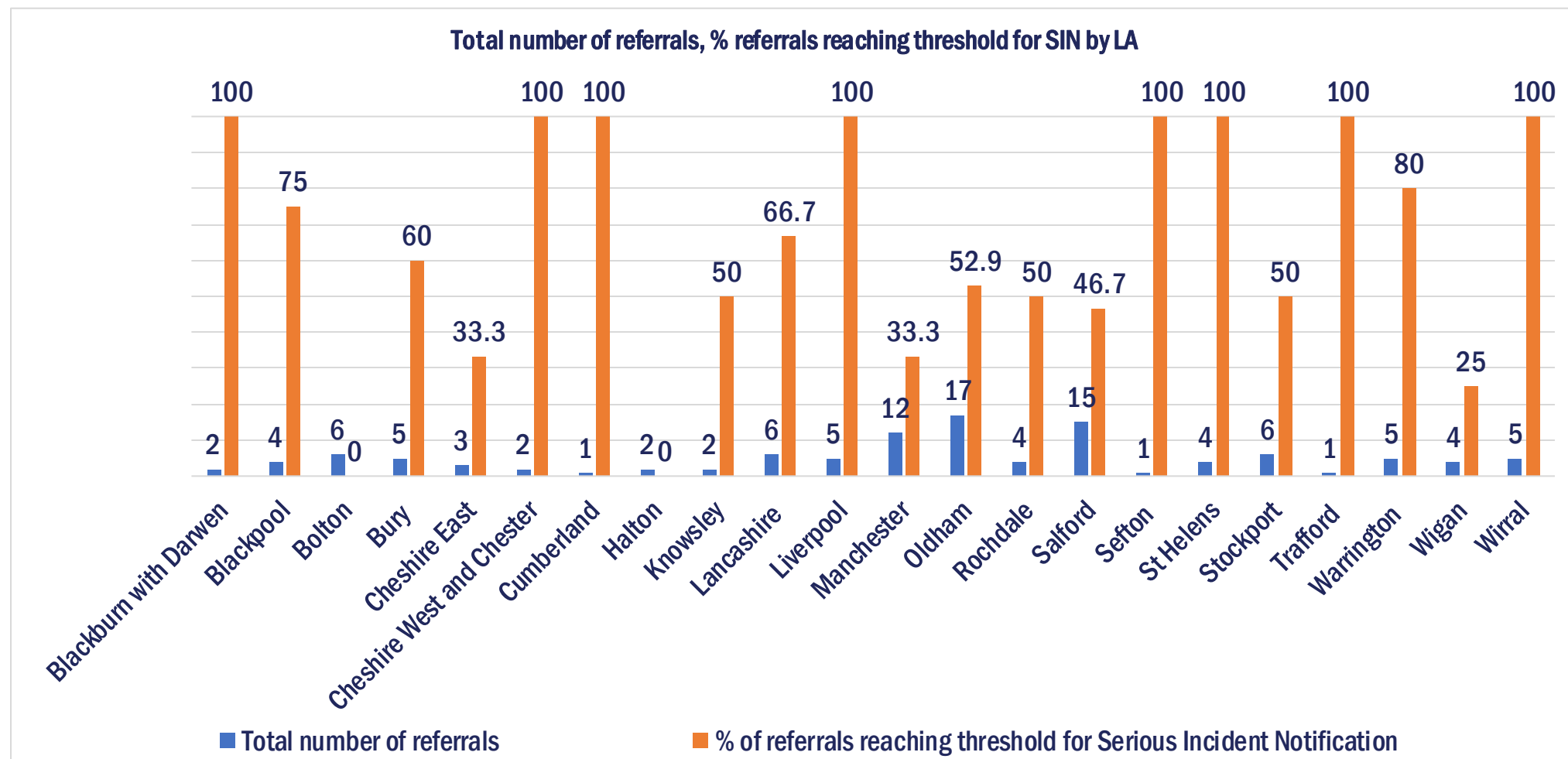
- **Strengthen safeguarding culture and embed the voice of communities**
- **Promote a culture of learning, improvement, and assurance**
- **Strengthen accountability, governance, and use of data**



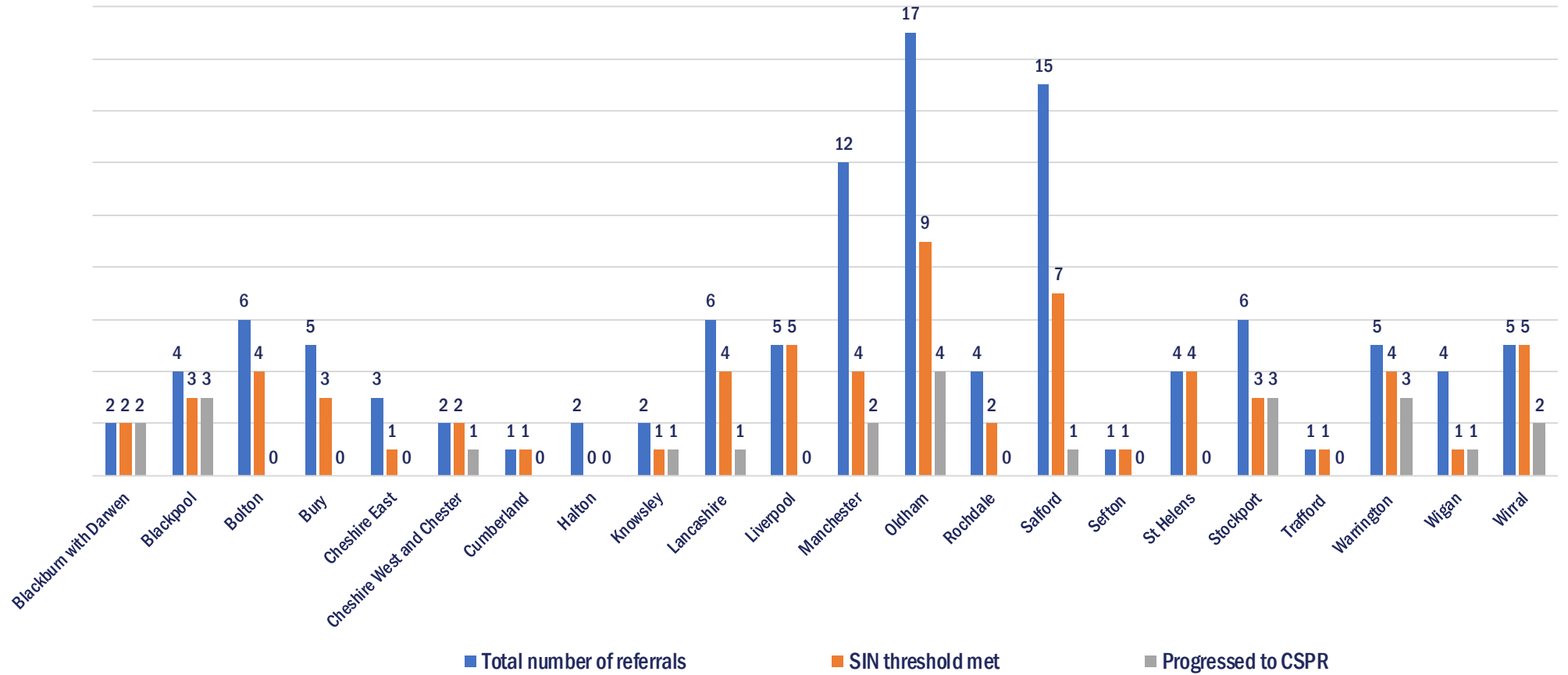
### Overall referrals meeting threshold for SIN notification 2023/2024 – North West

In 2023/2024, 3 (incl. one for another area) out of 5 referrals met the threshold for rapid review / SIN

In 2024/2025 (to date), 3 (incl. one for another area) out of 5 referrals met threshold for SIN



Numbers of referrals progressing to SIN and CSPR by LA 2023/24



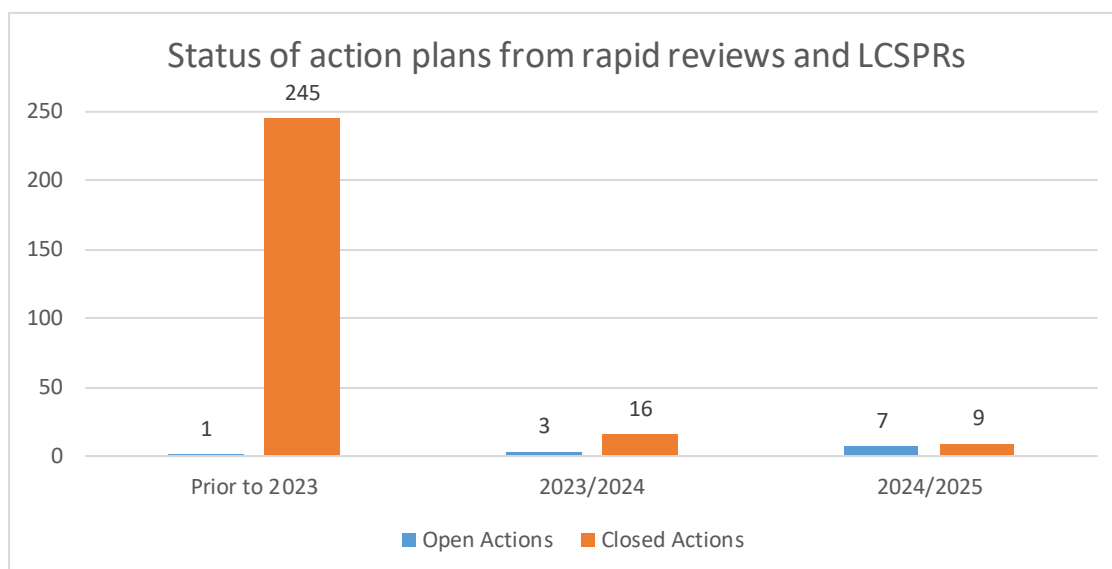


## Action Tracking

Prior to 2023 – 1 further action closed since the last report

2023/2024 - No change since last report

2024/2025 – 6 new actions added (J22); 2 actions closed since the last report



### 1. What we are worried about / not achieved

*Summary of areas where performance requires improvement, there are risks or other factors or emerging issues which impact on undertaking planned activities and/or achieving good outcomes.*

There are no concerns from the subgroup for escalation.

### 2. Actions in progress and planned in the next period (from workplan)

*List any current improvement plans or actions in place or planned to address the above by when. Ensure actions are SMART. Attach / cut and paste table from workplan below as an appendix if helpful.*

Action	By Whom, When	What difference will it make?
Finalise the LCSPR report for E24	Ind. Reviewer Case Review Subgroup February 2025	To improve the safety of children by identifying ways to improve how agencies work together
Progress panel stages for F24 and practitioner event	Case Review Subgroup Jan-March	

### 3. How can we help as a partnership, or areas that may impact on other partners? (Recommendations to the Partnership)

*Include any recommendations, requests or 'offers' to the partnership as a whole, as bullets. No matters to raise.*

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**Bury Health and Wellbeing Board**

<b>Title of the Report</b>	Better Care Fund (BCF) 2025/26 Quarter 2 (Q2) Reporting Template
<b>Date</b>	11 <sup>th</sup> November 2025
<b>Contact Officer</b>	Hannah Dixon – Commissioning Manager
<b>HWB Lead(s) in this area</b>	Will Blandamer Executive Director Health and Adult Care and Place Based lead  Adrian Crook – Director Adult Social Care  Lynne Ridsdale, Chief Executive

Executive Summary			
Is this report for?	Information	Discussion	Decision Y
Why is this report being brought to the Board?	To seek Health and Wellbeing Board retrospective sign off for the Bury Q2 reporting template for the Better Care Fund 2025/26. The deadline for submission to the NHSE Better Care fund team was 11 <sup>th</sup> November 2025.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	The Better Care Fund primarily focuses upon: <ul style="list-style-type: none"> <li>• Living Well with a Long-Term Condition</li> <li>• Reducing Length of Stay in hospitals</li> <li>• Improving and supporting Hospital Discharges</li> <li>• Prevention &amp; Early Intervention</li> </ul>		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	<ul style="list-style-type: none"> <li>• Living Well with a Long-Term Condition</li> <li>• Reducing Length of Stay in hospitals</li> <li>• Improving and supporting Hospital</li> </ul>		

	Discharges <ul style="list-style-type: none"> <li>• Prevention &amp; Early Intervention</li> </ul>
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	(1) Note the content of the report.  (2) Agree the retrospective submission of the Q2 reporting template to BCF 2025/26 as per the attached full reporting submission
What requirement is there for internal or external communication around this area?	None
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The Q2 reporting template has been collaboratively populated by relevant colleagues from within Bury Council and NHS GM Bury ICB.

## Introduction / Background

### 1 Introduction and background

#### 1.1 The final Better Care Fund (BCF) 2025/2026 Policy Framework and Planning

Guidance can be found at: BCF [Better Care Fund policy framework 2025 to 2026 - GOV.UK](#)

This policy framework confirms the conditions and funding for the Better Care Fund (BCF) for 2025 to 2026.

#### 1.2 For 2025 to 2026, the objectives of the BCF reflect the government's commitment to reform via a shift from sickness to prevention and from hospital to home. These shifts are also consistent with commitment to reform by developing a 'neighbourhood health service', based on more responsive, preventative and co-ordinated care in people's homes and local communities.

#### 1.3 The BCF achieves this by requiring local authorities and integrated care boards (ICBs), to develop and agree plans in collaboration with other local partners to meet the overall objectives of the BCF.

#### 1.4 The plan is owned by the Health and Wellbeing Board (HWB) and governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to

tackle pressures faced across the health and social care system and drive better outcomes for people.

1.5 In line with the government's vision for health and care, the Better Care Fund policy framework sets out the vision, funding, oversight and support arrangements, focused on 2 overarching objectives for the BCF in 2025-26:

- reform to support the shift from sickness to prevention
- reform to support people living independently and the shift from hospital to home

1.6 At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: BCF [Planning Requirements 25-26](#)

## **2 BCF 2025/2026 Conditions, Objectives and Metrics**

[Better Care Fund policy framework 2025 to 2026 - GOV.UK.](#)

### 2.1 National Conditions

Both local authorities and ICBs must comply with the BCF national conditions. Grant conditions for local authorities of each component grant of the BCF will reflect these national conditions. The national conditions outline steps HWBs must take to deliver on the BCF objectives.

The national conditions for the BCF in 2025/2026 are:

- jointly agreeing a plan
- implementing the objectives of the BCF
- complying with the grant conditions and the BCF funding conditions
- complying with the oversight and support processes

### 2.2 Objectives

The two objectives for the BCF in 2025 to 2026 are:

- **Objective 1:** To support the shift from sickness to prevention – including timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.
- **Objective 2:** To support people living independently and the shift from hospital to home – including help to prevent avoidable hospital admissions; achieve more timely and effective discharge from acute, community and mental health hospital settings; support people to recover in their own homes (or other usual place of residence); and reduce the proportion of people who need long-term residential or nursing home care.

## 2.3 BCF metrics for 2025 to 2026

The three metrics to be reported on are below. All 3 metrics are reporting as on track to meet goals:

**Metric 4.1: Emergency Admissions** - Emergency admissions to hospital for people aged 65+ per 100,000 population – the goal for this target is to be below the target rate set in the plan. Table 1 shows that metric 4.1 is on track to meet goals – projected data has been used to inform the quarterly reporting for this metric as data has not finalised for months May 25 onwards.

**Table 1 - Metric 4.1: Emergency Admissions**

	Q1	Q2
<b>Target: Rate</b>	1505.3	1477.6
Performance	1398.6	1340.6
Variance	-106.7	-137

**Metric 4.2: Delayed Discharge** - Average length of discharge delay (LDD) for all acute adult patients (calculates the % of patients discharged after their DRD, multiplied by the average number of days - the goal for this target is to be below the target rate set in the plan. Table 2 shows that metric 4.2 is on track to meet goals – Q2 data is based on months July and August only as September is not available at the time of submission.

**Table 2 - Metric 4.2: Delayed Discharge**

	Q1	Q2
<b>Target: Rate</b>	1.30	1.49
Performance	0.94	0.93
Variance	-0.36	-0.56

**Metric 4.3: Residential Admissions** - Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. The rate is not available for residential admissions so the number of admissions has been used, the goal for this target is to be below the number of admissions target set in the plan. Table 3 shows that metric 4.3 is on track to meet goals.

**Table 3 - Metric 4.3: Residential Admissions**

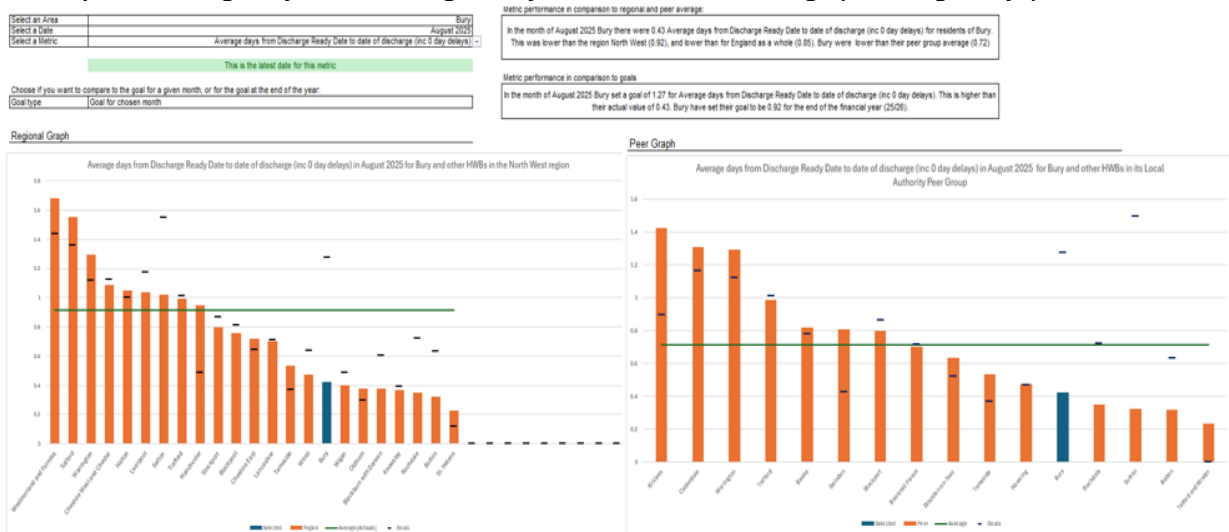
	Q1	Q2
<b>Target: Number of Admissions</b>	62.0	62.0
Performance	40.0	46.0
Variance	-19.0	-16.0

## 2.4 Metric Performance Comparison

Emergency Admissions for ages 65+ per 100,000 65+ population – Graph 1 shows for the month of July 25, Bury was lower than the region North West, England as a whole and their peer group for this metric.

**Graph 1 - Emergency Admissions for ages 65+ per 100,000 65+ population**

Average days for discharge ready date to date of discharge (including 0 days) – Graph 2 shows for the month of August 25, Bury were lower than the region North West, England as a whole and their peer group average for this metric.

**Graph 2 - Average days for discharge ready date to date of discharge (including 0 days)**

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population – Graph 3 shows for the month of June 25, Bury was lower than the region North West, England as whole and their peer group average for this metric.

**Graph 3 - Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population**



Data Source - [DHSC Better Care Fund & Discharge Dashboard - DH eXchange](#)

### 3.0 Finance Report

3.1 Table 4 demonstrates that 47% of the planned BCF income has been spent up to Q2 25-26.

**Table 4 – Income and Expenditure**

Better Care Fund 2025-26 Q2 Reporting Template			
5. Income & Expenditure			
Selected Health and Wellbeing Board:	Bury		
	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£2,576,737	£2,576,737	£674,657
Minimum NHS Contribution	£19,577,112	£19,577,112	
Local Authority Better Care Grant	£9,410,943	£9,410,943	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£2,136,317	£2,136,317	
<b>Total</b>	<b>£33,701,109</b>	<b>£33,701,109</b>	
	Original	Updated	% variance
<b>Planned Expenditure</b>	<b>£33,701,109</b>	<b>£33,701,109</b>	<b>0%</b>
<b>Q2 Year-to-Date Actual Expenditure</b>		<b>£15,971,572</b>	<b>47%</b>



#### 4.0 Reporting and checkpoints

4.1 It is expected that performance on spend and the metric goals aligned to the BCF programme will be reported on a quarterly basis. The reporting requirements have now been finalised for Q2 and have been submitted to NHSE Better Care fund Team.

#### 5.0 Links to the Bury Locality Plan

5.1 The Better Care Fund proposals should not be read in isolation but should be seen as a constituent part of the Bury Locality Plan and “Let’s Do It’ 2030 Bury Strategy which sets out the entirety of the local approach to Health and Social Care transformation.

#### Recommendations for action

- That the Health and Wellbeing Board note the content of the Q2 reporting submission
- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund 2025/2026 Q2 reporting submission and ratify the decision to submit to the national Better Care Fund team for assessment.

#### Financial and legal implications (if any)

- These proposals relate to the use of financial resources
- These proposals have been developed in partnership with the Bury Council s.151 Officer and the Bury Director of Finance.

**Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.**

- None

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CONTACT DETAILS:

**Contact Officer:** Hannah Dixon

**E-mail address:** h.dixon@bury.gov.uk

**Date:** 11<sup>th</sup> November 2025



Bury HWB Q2 25-26  
Submission.xlsx

**END**

## Briefing Note

To	Health and Wellbeing Board Members
From	Lee Buggie – Public Health Specialist, Live Well and Healthy Place
Subject	Tackling Obesity in Bury – A Whole System Approach
Purpose	Information
Decision required	N/A
Status	Live

### Purpose:

To inform Bury's Health and Wellbeing Board about the current state of obesity in the borough, outline existing initiatives, identify service gaps, and suggest actions to strengthen the local response through a whole system approach.

### Background:

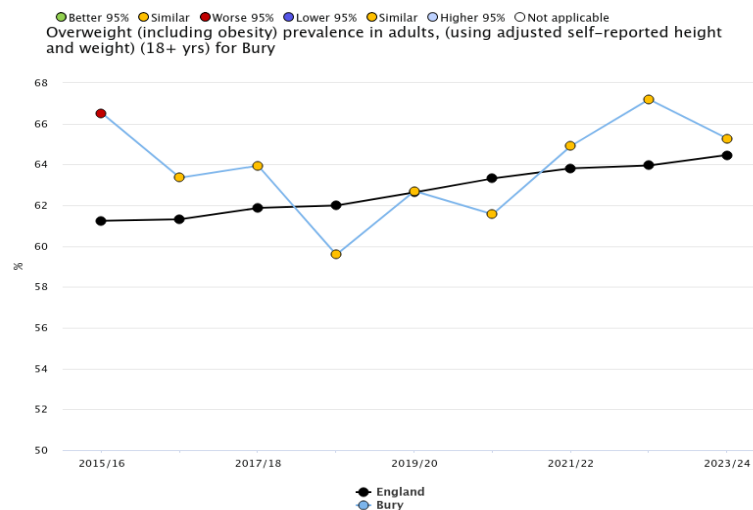
Obesity remains a significant public health challenge in Bury, affecting individuals across all age groups and socioeconomic backgrounds but disproportionately impacting some groups. It contributes to poor physical and mental health outcomes and places considerable strain on health services. The causes of obesity are multifactorial—behavioural, environmental, and genetic—necessitating a coordinated, system-wide response.

### Current Data Snapshot:

#### Adults

- Prevalence: 65.3% of adults in Bury are obese.
- Eligibility: Over 228,000 adults in Greater Manchester qualify for Tier 3/4 weight management services.
- Need: There is a need for obesity prevention via a whole system's approach plus multidisciplinary and pharmacological interventions.

**Figure 1:** *Adult Obesity rates over time.*

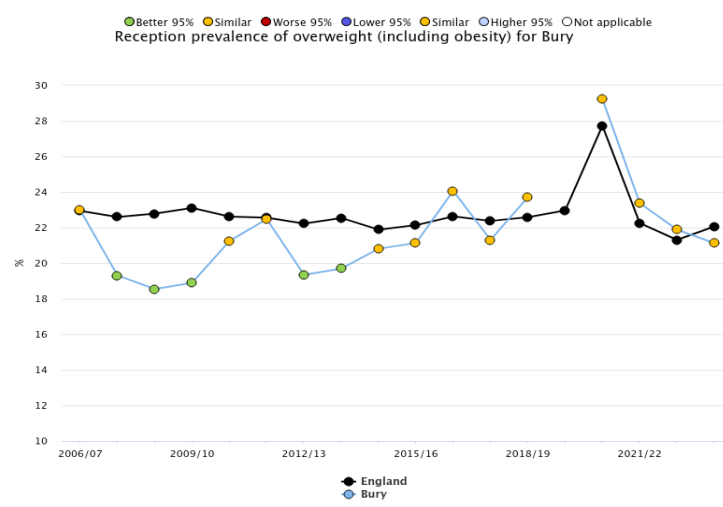


Source: *Fingertips, Obesity, physical activity and nutrition | Fingertips | Department of Health and Social Care*

## Children

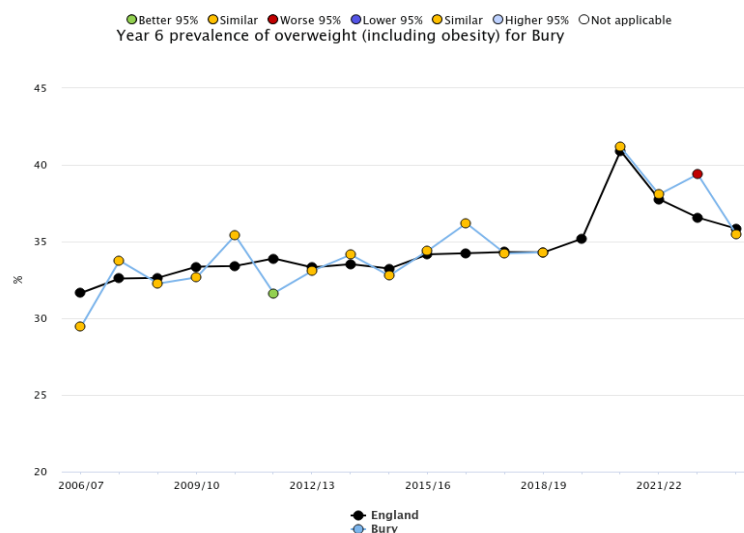
- Prevalence: Early indications from the most recent National Childhood Measurement Programme data sets (2024-2025) are due to be published in November 2025, early indications are showing higher reception rates of overweight and obesity and a maintenance of overweight and obesity at year 6.
- Service Gap: No Tier 3 services currently available for children in Bury.
- Need: School-based and community interventions, plus access to specialist care.

**Figure 2: Reception (Overweight and Obesity) rates over time.**



Source: *Fingertips, Obesity, physical activity and nutrition | Fingertips | Department of Health and Social Care*

**Figure 3:** Year 6 (Overweight and Obesity) rates overtime.



Source: *Fingertips, Obesity, physical activity and nutrition | Fingertips | Department of Health and Social Care*

**National Childhood Obesity (Overweight and Obese) Data received 04-10-25 is depicted below: in figure 4**

**Figure 4:** Prevalence of overweight (including obesity) in Bury.

### Prevalence of overweight (including obesity) in Bury by age

National Child Measurement Programme 2024 to 2025

In 2024 to 2025, 22.6% of children in reception (aged 4 to 5 years) were overweight or living with obesity



In 2024 to 2025, 38.8% of children in year 6 (aged 10 to 11 years) were overweight or living with obesity



Source: *Fingertips, Obesity, physical activity and nutrition | Fingertips | Department of Health and Social Care*

### **Universal Offers and Community Initiatives**

- LET'S Get Bury Moving: Promotes physical activity strategically and via a working framework.
- Healthy Schools Programme: Encourages healthy eating and active living.
- Healthy Places SPD: Embeds health into urban planning around Fast Food take away restrictions.
- Bury Food Strategy: Provides a whole system's approach to healthy food.
- Auto-Enrollment for free school meals, breakfast clubs and Healthy Start Vouchers.
- Bury's school catering service has achieved Gold Food for Life Certification from the Soil Association. It's a prestigious recognition for serving healthy, sustainable and locally sourced meals across its schools.
- Right to Grow Policy: Supports community-led food growing initiatives.

### **Tiered Weight Management Services**

- Tier 2: Lifestyle support via Bury Live Well Service
- Tier 3: Multidisciplinary care through MoreLife UK (dietitians, psychologists, physical activity specialists).
- Tier 4: Bariatric surgery commissioned across Greater Manchester via Northern Care Alliance.

### **Pharmacological Support: GLP-1 Rollout**

- GLP-1 receptor agonists (e.g., semaglutide) introduced for Tier 3/4 patients.
- Rollout is phased and prioritised by clinical need and funding.
- Challenges include long waiting lists and integration into primary care.

### **Challenges Identified**

- Limited access to Tier 3 services.
- Long waiting times for specialist services.
- Need for culturally appropriate interventions.
- Requirement for multi-sector collaboration.

### **Call to Action**

- Support multi-sector engagement.
- Prioritise prevention and early intervention.
- Champion collective responsibility for tackling obesity.
- The creation of an obesity working group.

### **Conclusion**

Bury's whole system approach to obesity is grounded in prevention, community empowerment, and integrated care. Continued leadership and collaboration across sectors are essential to reduce obesity prevalence and improve health outcomes for all residents.



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# Tackling Obesity in Bury – A Whole System Approach

Lee Buggie – Public  
Health Specialist  
Live Well / Healthy  
Place

# Context

## **Obesity as Public Health Challenge**

Obesity affects all ages and socioeconomic groups, impacting physical and mental health in Bury.

## **Multifaceted Causes**

Obesity is driven by behavioral, environmental, and genetic factors, requiring a broad approach.

## **Coordinated Prevention Strategies**

Bury's strategies focus on prevention, early intervention, and specialized services to reduce obesity.

## **Whole System Approach**

Integrating policies into planning supports healthy lifestyles and improved health outcomes in Bury.

## Local Picture

- Reception prevalence of Overweight (including obesity):
  - **2024-2025 Bury = 22.6% compared to 2023-2024 (21.1%)**
- Year 6 prevalence of Overweight (including obesity):
  - **2024 – 20225 Bury = 38.8% compared to 2023 -2024 (35.5%)**
- Overweight (including obesity) prevalence in Adults = **64.5%**
  - **Bury = 65.3%**
- Percentage of adults eating 5 fruit and vegetables day = **31.3%**
  - **Bury = 27.8%**
- Fast Food outlets per 100,000 population = **115.9**
  - **Bury = 165.7**

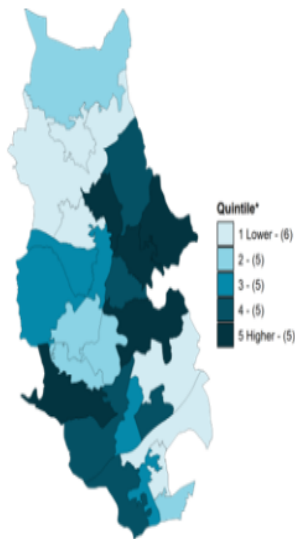
*(Obesity, physical activity and nutrition | Fingertips | Department of Health and Social Care)*

# 2024-2025 NCMP Data Sets

## Prevalence of obesity in Bury MSOAs

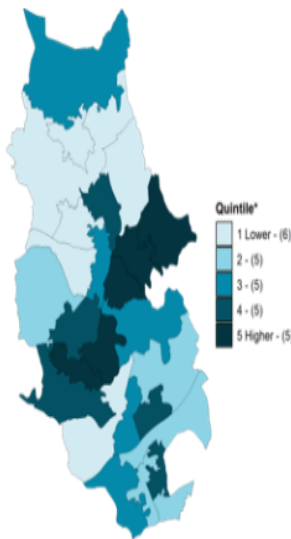
National Child Measurement Programme

Children in reception (aged 4 to 5 years)



Contains Ordnance Survey data © Crown copyright and database right 2025.  
Contains National Statistics data © Crown copyright and database right 2025.

Children in year 6 (aged 10 to 11 years)



Contains Ordnance Survey data © Crown copyright and database right 2025.  
Contains National Statistics data © Crown copyright and database right 2025.

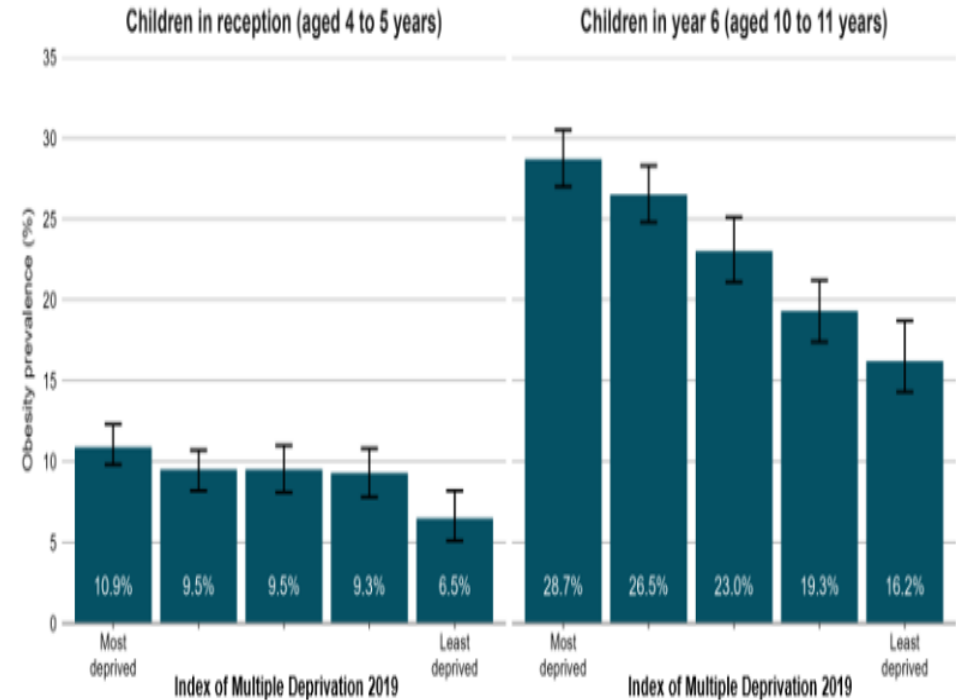
\* Number of MSOAs in each quintile is shown in brackets in the map legends

Data combined 3-years, (2022 to 2023, 2023 to 2024, and 2024 to 2025), see note on slide 16  
Middle Layer Super Output Area (MSOA) boundaries 2021

Source: NCMP, Fingertips, 2024-2025

## Obesity prevalence by deprivation and age in Bury

National Child Measurement Programme



Data combined 5-years, (2019 to 2020, 2021 to 2022, 2022 to 2023, 2023 to 2024, and 2024 to 2025), see note on slide 16  
95% confidence intervals are displayed on the chart

## Year 6 (Overweight and Obesity) breakdown via area



Source: NCMP, Fingertips, 2023-2024

# Childhood Obesity



## Rising Childhood Obesity Rates

Overweight and Obese levels **have increased** in both reception and year 6

***2nd compared with statistical neighbours in year 6***

*Higher levels in those area's defined as most the most deprived and **Higher in Asian, Black and mixed ethnic groups***



## Healthcare Service Gaps

Bury lacks Tier 3 weight management services for children, worsening access to necessary specialized care.



## Need for Comprehensive Interventions

Addressing childhood obesity requires community, school-based actions, and improved access to any \*specialised weight management care\*

# Adult Tiered Service Overview

## Obesity Prevalence in Bury

65.3% of adults in Bury are classified as obese

*Obesity, physical activity and nutrition | Fingertips | Department of Health and Social Care*

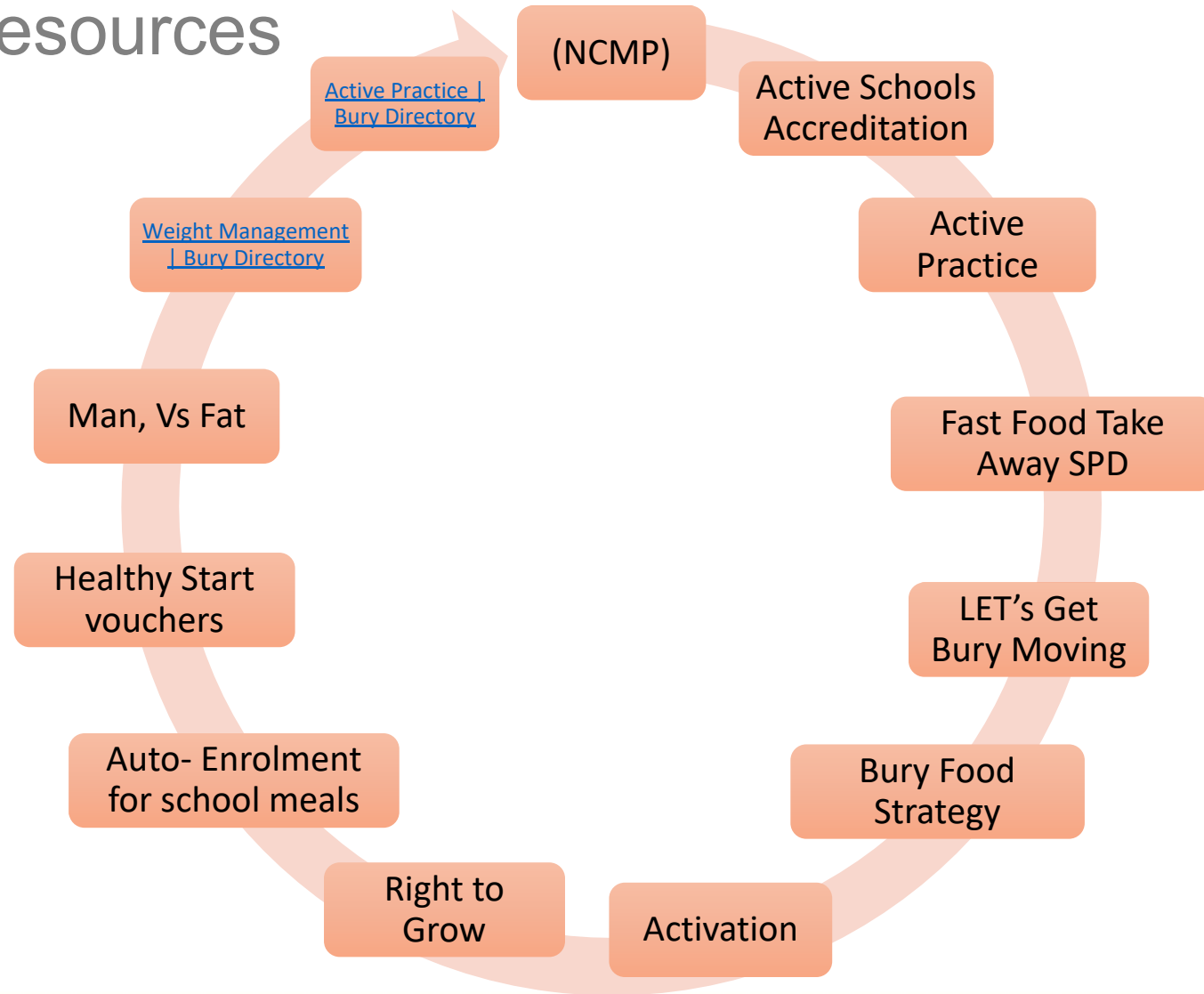
## Weight Management Eligibility

Over 228,000 adults in Greater Manchester qualify for advanced weight management services based on BMI criteria.

## Need for Targeted Interventions

Urgent interventions include multidisciplinary care and pharmacological treatments tailored to those with obesity.

# Universal Resources





# Specialist Weight Management & GLP-1's

- Specialised weight management provision is delegated to localities and varies across the 10 GM LAs. Three localities do not have provision. Demand far outstrips the commissioned capacity with significant waiting times.
- Specialist Weight Management Group within the ICB has been reviewing current provision and eligibility criteria - see below two published documents from the ICB. Tirzepatide can only be prescribed if individuals meet the strict eligibility criteria in cohort 1 this year.
  - [Tirzepatide-for-weight-management-in-adults-commissioning-statement-for-GM-V1.2-for-GMMM-G-website.pdf](#)
  - [Weight management in Greater Manchester | Greater Manchester Integrated Care Partnership](#)
- None eligible patients for SWMs or those on waiting lists currently can be signposted to NHS Digital WM or locality service offers currently.
- GM currently doesn't utilise all availability for the national digital weight management service- a scoping exercise is underway to understand barriers to referral and retention.
- Work continues with Health Innovation Manchester to 'Reimagine' Obesity and Weight management services with a view that GM will be putting in a submission for the [Obesity Pathway Innovation Programme : Strand 3](#).
- Ongoing work through Population Health/Public Health network to look at a city-region wide approach to food and healthy weight. Hopefully this will result in a preventative action framework which will halt/reduce the rise in obesity prevalence in GM.

# Engagement and Commitment

## **Multi-sector Stakeholder Engagement**

Bury's obesity landscape involves active participation from health, education, planning, and community sectors.

## **Prevention and Early Intervention**

Investing in prevention and early intervention reduces obesity's long-term impact and improves public health.

## **Collective Responsibility Call**

Encouraging collective responsibility and sustained commitment supports a whole system approach to obesity.

**Next Steps:** The creation of a local obesity working group.

Thank You & Any Questions

[l.buggie@bury.gov.uk](mailto:l.buggie@bury.gov.uk)

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<b>Classification</b>	<b>Item No.</b>
<b>Open / Closed</b>	

<b>Meeting:</b>	Bury Health and Wellbeing Board
<b>Meeting date:</b>	November 11 <sup>th</sup> 2025
<b>Title of report:</b>	Bury Culture Strategy – Background on the Bury Cultural Strategy and the role of Culture and Arts on addressing Health Inequalities thorough the Creative Health.
<b>Report by:</b>	Jackie Veal – Head of Wellness
<b>Decision Type:</b>	<b>Information/ Discussion or Decision (<i>delete as appropriate</i>)</b>  Discussion and Decision
<b>Ward(s) to which report relates</b>	<b>ALL</b>

## Executive Summary

The Bury Cultural Strategy, launched in 2023 after Bury's recognition as the first Town of Culture in 2020/21 in Greater Manchester, is titled "**Different Cultures, Same Horizons.**" Its vision is to transform Bury's cultural and creative sector by embedding equality, access, and opportunity across all communities. The strategy aligns with national and regional frameworks, including:

- **Arts Council England's "Let's Create"**
- **Heritage Lottery's Strategic Funding Framework**
- **Bury's 2030 Strategy "Let's Do It"**

The strategy is built on five pillars:

- **Stories:** Empowering communities to share and celebrate their narratives.

- **Skills:** Developing creative industry pathways and promoting fair working practices.
- **Strength:** Promoting cultural health and wellbeing.
- **Space:** Creating inclusive venues and public spaces.
- **Support:** Facilitating cross-sector collaboration and sustainable investment.

Bury is home to over 120 cultural organisations and 750+ creative practitioners across five districts, contributing £24.3M annually to the local economy. The strategy's focus areas mirror the Arts Council's "Let's Create" framework: Creative People, Cultural Communities, and a Creative & Cultural Country.

In 2025 Greater Manchester published its second Culture Strategy, CreateGM, which sets out a five-year vision for culture, heritage and creativity in Greater Manchester; Greater Manchester: A place of rich history, innovation and compassion, where the creativity of our people and the distinctiveness of our places can delight, inspire, provoke and change our world for the better

Our vision is to enable every community in Bury to tell their story and for these stories to be shared across our borough and beyond. The Strategy has five strategic pillars (Stories, Skills, Strengths, Space and Support)

We continue to collaborate and work alongside key cultural organisations to further embed culture alongside other key strategies i.e. Health, Regeneration and Economic Strategy.

## Recommendations

- **Note the contribution that the Bury Cultural Strategy and Cultural Organisation Group make to health and wellbeing in and across Bury and embed arts and culture using a public health approach to address health inequalities.**

## Key Considerations

### Background, Engagement, and Impact

- **Alignment with National Priorities:** Arts Council England (ACE) visits and presentations in July 2025 reinforced Bury's alignment with national cultural priorities.
- **Evaluation Frameworks:** Shared frameworks and performance measures (e.g., Active Lives, UKSPF KPIs) are used to track cultural participation and impact.

## Investment and Governance

- **GMCA Cultural Strategy and Investment:** Recent DCMS announcement of £25M Creative Industries Investment for Greater Manchester over three years (60% revenue, 40% capital), approved by all 10 GM leaders.
- **New Governance Bodies:** Plans for a Greater Manchester Creative Council, Freelance Task Force, Nighttime Economy Task Force, and Strategic Cultural Partnership.
- **Funding Streams:**
  - **Spirit Fund:** For organisations delivering in multiple GM districts, (up to £200K/year working with several other LA's).
  - **Sustain Fund:** For organisations operating across all ten boroughs (up to £200K/year).
  - **Museum Renewal Fund:** Bury Council Art Gallery secured £67K ACE Revenue for 2025/26 delivery.
- **Strategic Projects:** Creative Infrastructure Plan, Music Strategy, Production Fund, and Screen Office to address borough-level inconsistencies.

### Cultural Events Programme

Through UKSPF and other funding the following outcomes have been achieved in the last 12 months. key exhibitions and events

£500,000 of UKSPF money was allocated to support the delivery of Bury's Culture Strategy. The resulting programme has provided opportunities for Bury residents, businesses and community groups to engage with cultural activity. The fund supported 455 local events and activities. The programme of events included Northern Bookshelf Live, Heritage Open Days, the Bury leg of Tour of Britain, Storytelling Festival, Bury Festival of Art, Food and Drink Festival, Comic Con, Bringing it Back to You and Bury Pride. A Cultural Grants programme was funded through the programme, which enabled 15 community organisations to create their own events and programmes of activity.

Key achievements enabled by UKSPF funded events:

- 644 Volunteer opportunities supported
- 3 local markets created or supported
- 37,500 attendees to events
- 15,266 improved impressions of culture activity across Bury
- 371, 123 people reached through social media

The Going to the Match exhibition and supporting programme of events was a major highlight for Bury Culture in 2024/25. The exhibition at Bury Art Museum was centred on the LS Lowry painting *Going to the Match*. Between October 2024 to March 2025, over 17,000 visitors came to see the exhibition, many of whom were new audiences. Through the community and outreach programme the BAM team engaged with local schools, colleges, care homes, local families and organisations as well as Bury Music Service.

Local Growth and Flexible Grants activity delivered through Libraries aligned to the cultural strategy during 2025 focussed on engagement and promoting wellness/health

activity to local communities the Radcliffe area to retain active involvement and increase awareness of the opening of the Community Hub in Spring 2026.

Activity formed part of the Proposed Radcliffe Culture Program and Stakeholder Engagement Plan developed by the Radcliffe Hub Operational Group which oversees the build up to the opening of the new Civic Hub from the perspective of services which will operate from the Hub

Health and Wellbeing Activities included:

- GIRLS! "Girls unit in Radcliffe" will focus on improving self-esteem and overall wellbeing. Themes include body image, self-care, healthy relationships and personal safety, and female development including female neurodiversity.
- Crucial Crew Activity- attend a wellbeing session across digital safety, transport safety, exercise, health, mental health
- Wellness programme of events around physical activity and mindfulness
- Archive project based on the digitisation of historic Radcliffe newspapers linking into the Spirit of Place work already undertaken as part of Radcliffe regeneration
- Radcliffe Hub Art Storybook - Schools based project promoting the benefits of libraries, reading and the upcoming Civic Hub in the town
- Family reading projects using storytelling to improve literacy levels in the town
- Commissioning of a series of videos promoting wellness activity in the town and signposting the run up to the opening of the new facility with volunteer support on content creation

£236k has been secured for Culture 25/26 and work has commenced to plan how this investment through grants and events will connect communities and place in Bury.

### Other progress during 25/26

- **Discover Bury Website:** Central hub for event promotion and promotion of wider Cultural Offer.
- **Pride in Place Grants:** Supporting community-led cultural activities across all neighbourhoods.
- **Town of Culture Bid:** Plans to apply for UK Town of Culture status.
- **Recent and Upcoming Events:**
  - **Festival of Art:** Eight venues, 100+ artists, 1,000+ attendees.
  - **Winter Culture:** January 2026 event to focus on Blue Monday and supporting social isolation and connecting the community
  - **Ramsbottom Event (Feb 2026):** Community event with live music.
  - **Whitefield Engagement (Dec 2025):** Festive, family-friendly event.



- **Bringing It Back to You:** Care home engagement program for older residents.
- **Wonderbird Project:** Early years creative activities for families.
- **Winter Care Packages:** Wellbeing packages for older generations.
- **Ramsbottom Hoard Project:** Heritage and schools' engagement.

## Infrastructure Projects

- **Ramsbottom Library:** Roof project and PR campaign completed October 25.
- **Bury Art Museum Roof Repairs:** MEND ACE investment secured; project to start in early 2026. Investment was also secured for key Cultural Buildings. £589,545 was secured via the MEND (Museum Estate and Development Fund) in 2023 and work is underway to replace the Bury Art Museum Roof during 25/26.
- **MET:** Working to secure additional capital investment from Heritage Lottery and Arts Council.
- **Cultural Walks and Community Engagement:** Delivered in Radcliffe in 2025, with proposals for expanded outreach.

## Performance and Monitoring

Collaboration with Arts Council and Bury Council performance team to develop a robust framework for demonstrating cultural impact and outcomes.

- **Participation Metrics:** Tracking across arts, libraries, heritage, museums, and wider cultural organisers.
- **Creative Economy Indicators:**
  - 5.92% of businesses in creative industries
  - 1.80% of employees in the sector
  - 6.51 creative companies per 1,000 population
  - 89.82% Engaged with the arts in the person
  - 34.98% Engaged with the Arts Online in the past 12 months
  - Bury as a Cultural Place - 9.98m Visits across Culture 21-23 generating over £200 million
- **Reporting and Governance:** Regular updates via the Culture Portfolio and Shadow Cultural Portfolio meetings, integrated with the Corporate Plan and Economic Strategy Delivery Plans.

## Culture as a Driver to Deliver Health Outcomes

### Strategic Integration

**Create GM Strategy:** References health 32 times, positioning culture as a tool for improving mental health, resilience, reducing isolation, and enhancing wellbeing.

**Bury's Strategy:** Embeds creative health into its five pillars, with the "Strength" pillar prioritising support for physical, mental, emotional, and social health.

## **Creative Health in Practice**

Creative health refers to the use of arts and cultural activities to support physical, mental, emotional, and social wellbeing. It encompasses everything from visual and performing arts to literature, crafts, and nature-based creativity like gardening.

Creative health is embedded in Greater Manchester's Live Well framework, which promotes walk-in centres, informal community spaces, and culturally competent services across neighbourhoods.

The Greater Manchester Culture Fund Process 2026 outlines a £1.6 million investment jointly led by GMCA and NHS to integrate culture into health and social care. This strategy unifies health, community, and cultural sectors to deliver equitable wellbeing support across all neighbourhood. The Creative Health Culture Strategy outlines a strategic framework built on three pillars:

- **Strength:** Aligning curated programmes with grassroots activity to support holistic health.
- **Space:** Ensuring inclusive venues for cultural health delivery.
- **Support:** Strengthening governance and investment mechanisms for sustainable outcomes

The WHO's scoping review of 3,000+ studies confirms that arts play a major role in preventing illness, promoting health, and managing conditions across the lifespan. The National Endowment for the Arts (NEA) highlights benefits such as reduced cognitive decline in older adults, improved emotional resilience in youth, and enhanced quality of life for patients with chronic conditions.

Bury Council integrates arts into wellness strategies, including outreach, nature exploration, and anti-bullying initiatives.

The Art Sessions incorporated into our wellbeing sessions demonstrates practical staff programmes like "Art to Reduce Anxiety and Stress" and wellbeing walks/runs.

Music Therapy reduces agitation and need for medication reduces in 67% of people with Dementia. Art Therapies have been found to alleviate anxiety, depression and stress whilst increasing resilience and wellbeing.

Arts on Prescription part of the wider social prescribing programme, this involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums

and libraries). An arts-on-prescription project has shown a 37% drop-in GP consultation rates and a 27% reduction in hospital admissions. This represents a saving of Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing. Attendance tends to be determined by educational level, prosperity and ethnicity. Cultural engagement reduces work-related stress and leads to longer, happier lives. Within the NHS, some 10 million working days are lost to sick leave every year, costing Music therapy reduces agitation and need for medication. A social return on investment of between £4 and £11 has been calculated for every £1 invested in arts on prescription. A total £216 per patient.

### **Mental & Physical Health Benefits of Visiting Museums**

- **Improved mental health & life satisfaction:** Regular cultural attendance is linked to better mental wellbeing and lower psychological distress.
- **Enhanced quality of life:** Museum visits positively affect happiness and self-reported health.
- **Reduced depression risk:** Adults aged 50+ who visit museums monthly or more have up to a **48% lower risk** of developing depression.
- **Lower dementia risk:** Long-term Museum attendance is associated with reduced dementia risk over 10 years.
- **Less frailty & disability:** Cultural engagement helps older adults stay physically healthier.
- **Reduced loneliness:** Museum visits significantly decrease feelings of isolation.
- **Longer life expectancy:** Frequent cultural engagement is linked to increased survival rates.

Other local examples and impact.

- **Programme Delivery:** Venues activated as shared spaces for storytelling, heritage, and creative expression—key for mental and emotional wellbeing.
- **Creative & Community Multiplier Fund:** Training communities in project development, fundraising, and event management, empowering residents to lead cultural health initiatives.
- **Health-Focused Cultural Events:** Examples include Perfect Pitch (ENO), Breathe Easy (Bradford), and support for Long COVID through online courses and music therapy.
- **Civic Pride and Engagement:** Victoria Wood Statue unveiling and Fire Choir performances foster civic pride and intergenerational engagement.

### **Creative Health addressing Health Inequalities**

The National Centre for Creative Health supports the approach because it brings together communities, neighbourhoods, the voluntary sector, local government and health systems in support of the shared goal of tackling health inequalities. Access to

creative health opportunities can help mitigate the negative impacts of the wider determinants of health. In areas experiencing high levels of deprivation, initiatives which increase community engagement, social cohesion and social capital can help to mitigate some of the detrimental impacts of the social determinants of health.

Creative health implemented at community or place-level can achieve this. Creative initiatives can provide people with a sense of agency, power and control over their circumstances, which can improve individual and community health and wellbeing. Mobilising existing creative, cultural and community assets through the provision of a supportive infrastructure will lead to stronger, more resilient communities with less reliance on public services in the long-term.

### **Governance and Public Health Alignment**

- **Cross-Sector Collaboration:** Close work with GM NHS Partners, Public Health, and Adult Care to align cultural programming with health objectives.
- **Place Health and Care Partnership Agreement:** Sets shared frameworks for integrating cultural principles into health service design and delivery.

### **Wellness Strategy and Live Well Ecosystem**

- **Bury Wellness Strategy:** Aims to upscale creative health delivery across all townships, pivoting from leisure to wellness, supported by GMCA and GM Integrated Care.

### **Monitoring and Impact**

- **Social Value and Health Impact:** Cultural programs tracked using frameworks like TOMS (Themes, Outcomes, Measures).
- **Health and Safety:** Meetings include analysis of incident data, training compliance, and wellbeing initiatives to ensure safe and supportive cultural spaces.

### **Community Impact and Links with Community Strategy**

- **Cultural Organisers Group (COG):** Includes The MET, Bury Music Service, Bury Fusiliers, East Lancashire Railway, Bury Art Gallery, Libraries, and Archives. Facilitates collaboration, supports funding applications, and ensures strategic alignment among Bury's cultural stakeholders.

### **Key Recommendations and Proposals**

**Embed arts and culture using a public health approach to address health inequalities.**

To adopt the practical recommendations in the Creative Health Strategy and engage with the broader Culture Organisers Group and Public Health to implement.

### **1. Embed Arts in Public Health Strategy**

- Use creative health as a core component of wellness and prevention frameworks.
- Align with initiatives like the GM Menopause Network and #FeelGoodYourWay to target specific demographics.

### **2. Strengthen Evaluation**

- Apply frameworks like TOMS (Themes, Outcomes, Measures) to track social value and health impacts of cultural programmes.
- Encourage qualitative and quantitative research, including case studies and controlled trials.

### **3. Expand Access and Inclusion**

- Ensure venues are welcoming and accessible.
- Partner with community organisations to reach marginalised groups through place-based work.

### **4. Support Workforce Development**

- Address barriers to apprenticeships and placements in creative industries.
- Promote intergenerational engagement and diversify entry pathways.

### **5. Leverage Social Prescribing**

- Work with Public Health and Integrate arts into social prescribing pathways, connecting individuals to non-clinical supports like music, dance, and nature-based activities

## **Background Documents**



Bury Cultural  
Strategy FINAL April

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**Equality Impact and considerations:**

*Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:*

*A public authority must, in the exercise of its functions, have due regard to the need to -*

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

*The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.*

<b>Equality Analysis</b>	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>

*\*Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

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**Legal Implications:**

*To be completed by the Council's Monitoring Officer – None*

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**Financial Implications:**

*To be completed by the Council's Section 151 Officer- None*

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**Report Author and Contact Details: Jackie Veal**

**Please include a glossary of terms, abbreviations and acronyms used in this report.**

Term	Meaning

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