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:-

Date:	Thursday, 15 January 2026
Place:	Microsoft Teams
Time:	4.30 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 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 - 8)*

The minutes of the meeting held on 11th November 2025 are attached.

5 MATTERS ARISING

6 WIDER DETERMINANTS OF POPULATION HEALTH

a HOMELESS PREVENTION STRATEGY *(Pages 9 - 34)*

7 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a SAFEGUARDING ANNUAL REPORT *(Pages 35 - 68)*

8 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a CULTURE STRATEGY UPDATE *(Pages 69 - 76)*

9 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

a PUBLIC HEALTH ANNUAL REPORT *(Pages 77 - 126)*

10 GM POPULATION HEALTH BOARD FEEDBACK

11 URGENT BUSINESS

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

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Agenda Item 4

Minutes of: **HEALTH** and Wellbeing Board

Date of Meeting: 11 November 2025

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

Also in attendance:

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

Apologies for Absence: Councillor L Smith, Councillor S Walmsley, Councillor T Pilkington and Councillor A Arif

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HWB.122 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.123 DECLARATIONS OF INTEREST

Councillor E Fitzgerald, declared a declaration of interest in relation to the culture strategy update

HWB.124 PUBLIC QUESTION TIME

There were no public questions asked at the meeting.

HWB.125 MINUTES OF PREVIOUS MEETING

It was agreed:

That the minutes of the meeting held on 4th September 2025 be approved as a correct record.

HWB.126 MATTERS ARISING

There were no matters arising.

HWB.127 WIDER DETERMINANTS OF POPULATION HEALTH

a PUBLIC SECTOR LEADERSHIP TEAM UPDATE

Chris Woodhouse provided an update on the evolving approach to neighbourhood working in Bury, which is central to the *Let's Do It* strategy.

The model focuses on integrating five neighbourhoods through multi-disciplinary teams, improving collaboration between public sector, health, and VCFE partners. Work is underway to build on existing teams, create specific neighbourhood structures, and strengthen networks to improve access for communities.

Key priorities include targeting high-demand cohorts, early intervention, and using data triangulation from active casework and neighbourhood priority meetings to deliver tailored

support. Examples of current initiatives include the Family Hub in Redvales and local responses to issues such as substance misuse in Radcliffe and social isolation in Whitefield.

The discussion highlighted opportunities for co-production with the voluntary sector and the need for intentional collaboration across partners. Members raised questions on data use, health spend integration, and how to address emerging issues such as cuckooing, which will return to the Board in a future meeting.

The PSLT will continue to take stock of progress under challenging conditions, expand work in schools, and strengthen links with the Live Well agenda and PSR Steering Group. Bury's locality model was noted as a national example of good practice, and future updates will focus on neighbourhood working outcomes and targeted interventions.

It Was Agreed:

- Report be noted

HWB.128 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a SAFEGUARDING ANNUAL REPORT

This item was deferred to the next meeting in January 2026

b BCF QUARTER 2 UPDATE

Adrian Crook Director of Community Commisioning provided the Quarter 2 update on the Better Care Fund (BCF), a statutory pooled budget between the NHS and the Council aimed at reducing hospital and residential admissions. Bury has met its targets, achieving reductions in admissions and remaining below the threshold for residential placements. The report includes 31 graphs, with page 32 confirming that spending is on track. Performance for over-65s is strong, with Bury ranked as the fourth-best hospital in Greater Manchester, and the BCF has been a significant enabler of proactive care. Improvements have also been noted in the length of time people spend in care homes, with better outcomes compared to last year.

Members discussed whether the BCF has addressed health inequalities and the flexibility of spending within the fund. Adrian Crook confirmed that spending must align with national targets and policy reviews, with updates expected at the end of November. Questions were raised about long-term admissions and data accuracy, with clarification that figures have improved and remain above average compared to previous years. It was noted that care homes are not inherently negative, and the focus remains on balancing admissions with quality care. Future updates will consider the impact on health inequalities and long-term sustainability.

It Was Agreed

- Update be noted
- The Health and Wellbeing Board Endorse the Better Care Fund

HWB.129 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

HWB.130 OBESITY AND HEALTHY WEIGHT UPDATE

Lee Buggie provided an overview of the obesity and healthy weight agenda iten, highlighting the complex and multi-faceted causes including genetics, environment, access to green spaces, and food advertising. A whole-system approach is being adopted, with prevention strategies and school-based interventions such as the Daily Mile, PE clubs, and active travel initiatives. Current data shows 22.6% obesity prevalence in Reception and 38.8% in Year 6, with significant inequalities across wards.

Childhood obesity has risen nationally from 17% to 21% (2019–2024), and Bury ranks 13th among large authorities. Adult obesity remains high, with only a small proportion meeting dietary recommendations. Tier 3 specialist weight management pathways are under pressure, with 16,000 people on waiting lists across GM.

The Board discussed the need for a local obesity working group, prevention from pre-birth, and tailored strategies for different neighbourhoods. Members stressed the importance of co-production, early intervention, and addressing stigma, particularly in deprived and diverse communities. Links were made to wider public health priorities, including diabetes in South Asian communities and the first 1001 days of life. Initiatives such as the *Let's Get Bury Moving* strategy, school catering achieving Food for Life Gold, and VCFE engagement were noted. A future update will return with proposed principles and a locality-wide approach to reducing obesity and improving healthy weight outcomes.

It Was Agreed:

- Update be Noted

HWB.131 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

a CULTURE STRATEGY UPDATE

Jackie Veal provided an update on Bury's Culture Strategy, originally launched in 2023 following its designation as the first Town of Culture in 2020–21. The strategy runs until 2026 and aligns closely with the *Let's Do It* approach, focusing on five key pillars and collaboration with creative practitioners to drive economic growth and community engagement. A refresh of the strategy is planned, supported by Arts Council feedback and upcoming funding opportunities in April. To date, over £500,000 investment has supported initiatives such as Crucial Crew and strengthened connections with diverse communities.

The update highlighted the emerging Creative Health Strategy, which integrates arts and culture into health and wellbeing, supported by evidence from the World Health Organization. Examples include social prescribing programmes, art and music therapy, and cultural events to tackle social isolation. Work is underway to map community spaces and explore funding streams to sustain activity. Members agreed that cultural engagement is a vital component of health improvement and endorsed continued development of the strategy, including co-design with partners and links to Live Well and VCFE networks.

It Was Agreed:

- Update be noted

HWB.132 GM POPULATION HEALTH BOARD FEEDBACK

There was no update at this meeting

HWB.133 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)

A National Plan to end Homelessness

15th January 2026

Agenda Item 6a

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 tacking 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

Bury Council

Bury Council

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.

Bury Council

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.

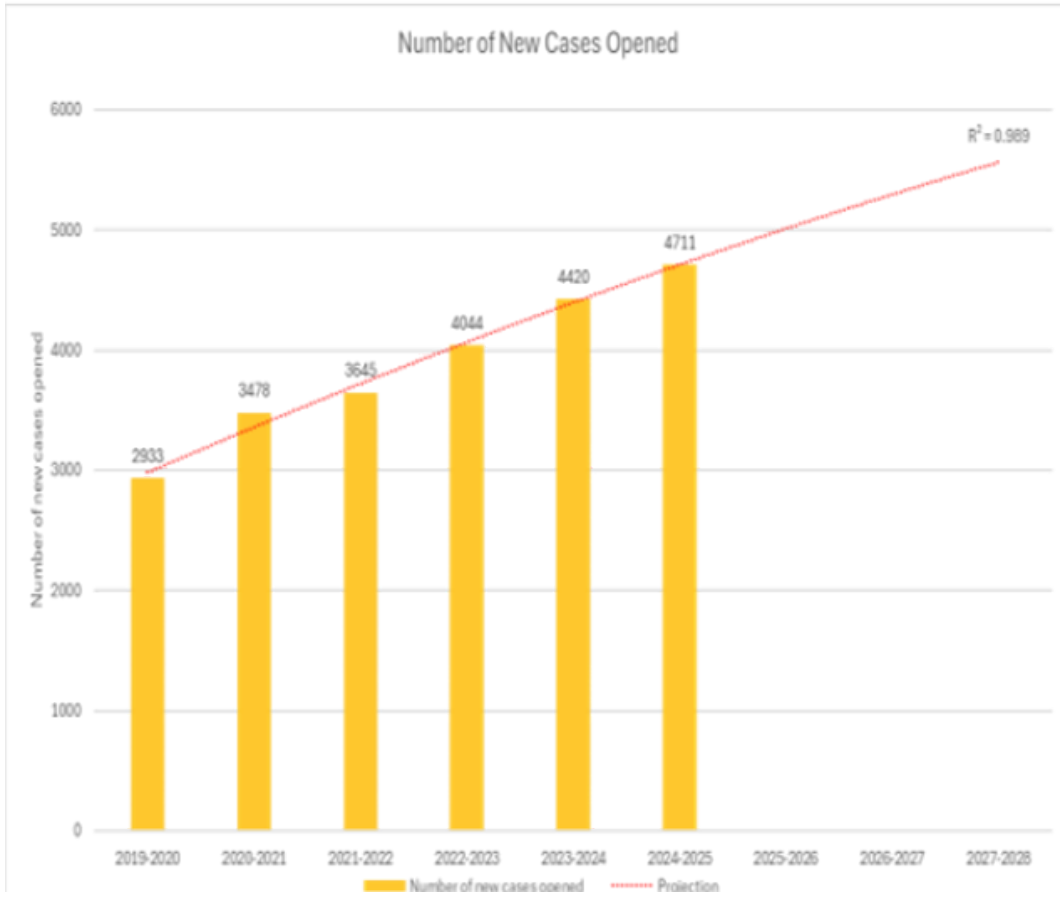
Foundations for delivery

- 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.

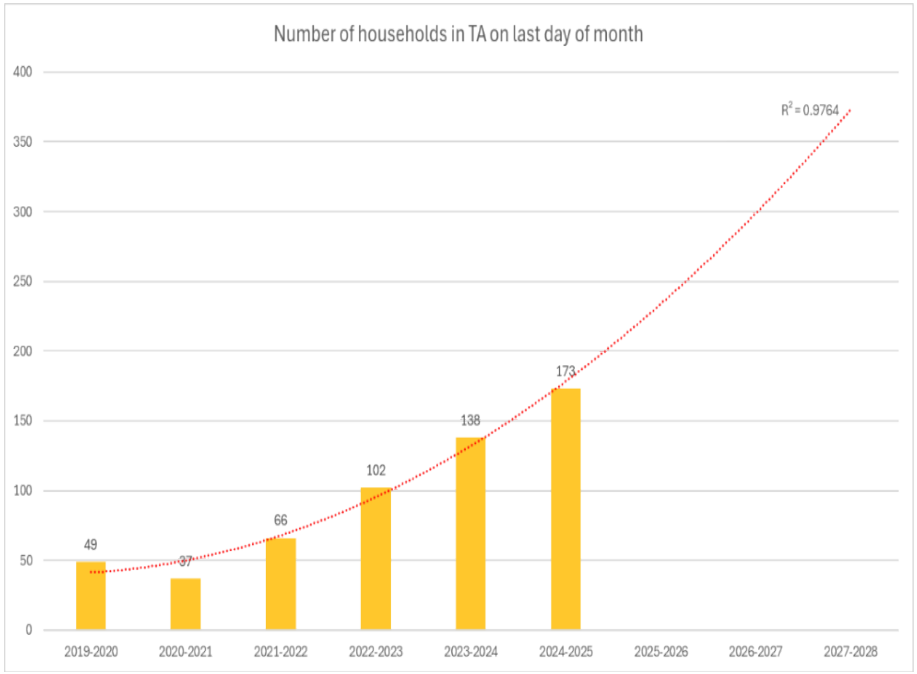
Review of Bury's homelessness strategy 2022 – 2025



- 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.

Bury Council

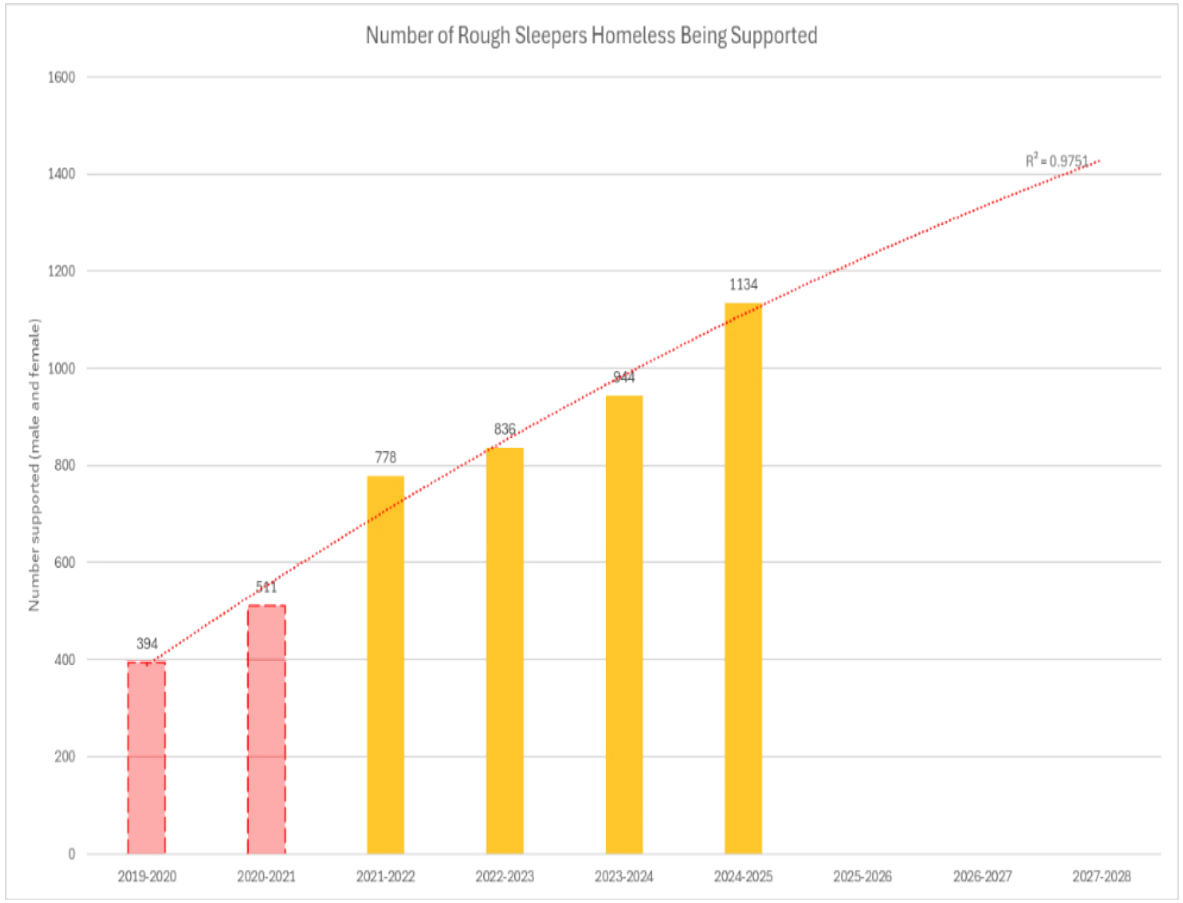
Review of Bury's homelessness strategy 2022 – 2025



- 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.

Bury Council

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 to1452 in 2027-2028 compared to 1134 in 204-2025 this is a 28.4% increase.

Bury Council

Feedback from people with lived experience

- Homelessness is driven by a complex interplay of factors including relationship breakdown, financial hardship and systematic barriers.
- Many individual reported that temporary housing solutions are often inadequate and the journey towards stability is both emotionally and physically exhausting.
- Support service 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 barriers 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.

Bury Council

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)

Bury Council

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.

Bury Council

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

Bury Council

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

Bury Council

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

Bury Council

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

Bury Safeguarding Adults Board

Annual Report 2024-2025

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1. Foreword – Independent Chair's Introduction and Welcome

It is with both pride and purpose that I present the Bury Safeguarding Adults Board (BSAB) Annual Report for 2024–2025.

This report reflects a year of significant progress, collaborative resilience, and a shared commitment to safeguarding adults at risk across Bury. Since taking on the role of Independent Chair in late 2024, I have been struck by the strength of our partnerships and the integrity with which agencies, professionals, and communities work together to protect those most at risk.

This year has been a turning point: we have moved from reflection to action, sharpening our focus on impact, assurance, and learning. Our safeguarding culture has been strengthened through a person-centred, preventative approach — one that listens carefully to lived experience, learns from Safeguarding Adult Reviews (SARs), and responds to emerging challenges such as exploitation, self-neglect, and transitional safeguarding.

We are proud of the progress made against our strategic priorities, and throughout this report you will find examples that evidence this.

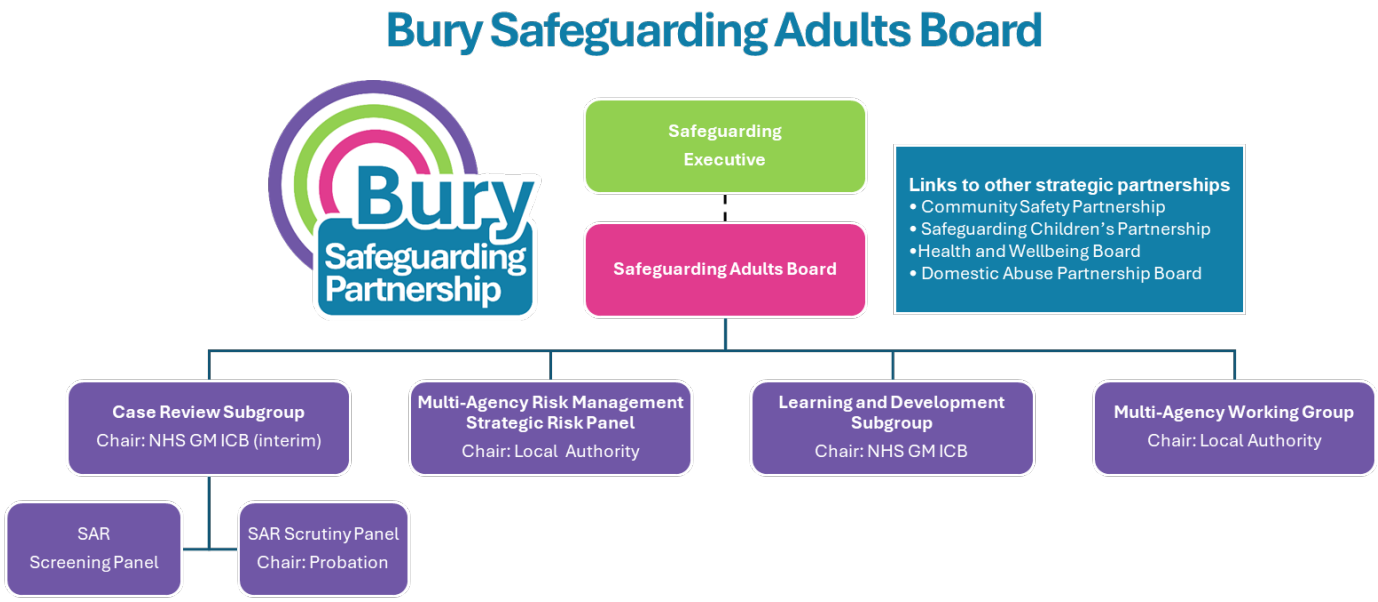
At the same time, we remain transparent about the areas that need sustained attention. The challenges of embedding learning consistently, widening engagement to seldom-heard groups, and ensuring robust responses for people with complex needs remain priorities as we move forward.

Looking ahead, this report does not just mark the end of a year — it sets the stage for the next chapter. The learning, progress, and partnership working described here provide the platform for our new Strategic Plan 2025–27: Learning from the Past, Leading for the Future, which will drive forward our ambition for safeguarding in Bury.

Finally, I extend my sincere thanks to all partners, practitioners, Board members, and individuals with lived experience who have shaped and supported our work. Your voices, insights, and actions are the foundation of our success. Together, we are not only safeguarding lives — we are upholding the right of every adult in Bury to live with dignity, safety, and inclusion.

Frances Millar, Independent Chair of Bury Safeguarding Adults Board

2. About the Board – Purpose, Membership and Governance



This chart explains Bury's SAB (BSAB) organisational structure. It is framed as a safeguarding reporting and assurance framework, showing how sub-groups feed into the Board, how risks and learning are escalated, and how strategic links are maintained with other partnerships. This framework ensures there are clear lines of accountability, robust mechanisms for scrutiny, and a direct connection between frontline practice, multi-agency learning, and Board oversight.

The Bury Safeguarding Adults Board (BSAB) is a statutory multi-agency partnership established under the Care Act 2014. Its core purpose is to protect adults with care and support needs who are at risk of abuse or neglect, and to promote their well-being, dignity, and safety. The Board provides strategic leadership, oversight, and challenge to ensure that safeguarding arrangements are effective, person-centred, and continuously improving.

The Board unites statutory partners and key organisations, reflecting the shared responsibility for safeguarding across our community. Under the Care Act 2014, three partners are legally required to be members of every Safeguarding Adults Board:

Statutory Partners:

- Bury Council
- NHS Greater Manchester Integrated Care Board

- Greater Manchester Police

Alongside these statutory members, the BSAB also includes other key organisations whose contribution is vital to safeguarding adults, such as:

- Greater Manchester Fire and Rescue Service
- Public Health
- Northern Care Alliance NHS Foundation Trust
- Pennine Care Foundation Trust
- Bury Voluntary, Community and Faith Alliance
- Community Safety Partnership
- Probation Service
- Housing Services
- Greater Manchester Mental Health NHS Foundation Trust

This diverse membership ensures both legal compliance and a holistic approach to safeguarding, drawing on statutory responsibilities as well as the expertise and perspectives of the voluntary, community, and faith sectors.

The Independent Chair provides impartial leadership, ensuring that the Board fulfils its statutory duties under the Care Act 2014. The role is to hold partners to account for delivering safeguarding priorities, to provide assurance on the effectiveness of local arrangements, and to advance the collaborative culture necessary for safeguarding to succeed.

Governance is delivered through sub-groups including Learning & Development, Adult Case Review Group, and Multi-Agency Working Group, alongside the Multi-Agency Risk Management Strategic Risk Panel. Policies and procedures support consistent practice, while strategic partnerships link the BSAB to children's safeguarding, community safety, and health priorities.

3. Our Values and Behavious

Our values guide how we work together across the system. They are lived commitments, not just aspirational statements. We:

- Listen actively and compassionately
- Learn from successes and challenges, and act on them
- Speak up when we see risks or gaps
- Stay curious and challenge assumptions
- Celebrate good practice
- Support and hold each other to account

4. Governance and Accountability

The Bury Safeguarding Adults Board (BSAB) operates within the statutory framework of the Care Act 2014 (Section 43), which requires every local authority to establish a Safeguarding Adults Board with defined objectives, duties, and clear lines of accountability. This legal duty is underpinned by statutory guidance, which sets the expectation that Boards provide strategic leadership, independent assurance, and effective scrutiny of local safeguarding arrangements.

In Bury, governance arrangements are structured to deliver transparency, assurance, and continuous improvement. The Board is supported by its formal sub-groups:

- **Learning & Development Sub-Group** – strengthening the workforce through training and development.
- **Multi-Agency Working Group (MAWG)** – coordinating operational responses to emerging risks and priorities.
- **Adult Case Review Group (ACRG)** – overseeing Safeguarding Adult Reviews and embedding system learning.

Alongside these, the **Multi-Agency Risk Management (MARM) Strategic Risk Panel** provides a mechanism for escalation in cases where adults are at risk of death or serious harm due to self-neglect and where established processes have not sufficiently reduced the risk. This is set to be reviewed in November 2025.

Together, these structures ensure that the BSAB is not only statutorily compliant, but also delivers on national expectations for robust governance, effective challenge, and collective accountability across the partnership.

A set of policies and procedures provides consistency across agencies. These set out how partners will work together, uphold ethical standards, and deliver safeguarding practice that is lawful, transparent, and accountable.

5. Community Engagement and Lived Experience

Making Safeguarding Personal remains at the heart of the BSAB's approach. During 2024–25, the Board strengthened opportunities for adults with lived experience to inform our priorities, shape training, and contribute to Safeguarding Adult Reviews. A particularly powerful example of multi-agency safeguarding in action has been Operation Vardar.

Operation Vardar exemplifies the power of integrated safeguarding. While led by GMP, its success was demonstrated by the collective commitment of all neighbourhood

partners. It demonstrates how safeguarding is not only about protection, but also about prevention, empowerment, and building community resilience.

Operation Vardar – Disrupting Exploitation in the Community

Operation Vardar was launched following concerns that organised crime groups were exploiting vulnerable adults in Whitefield. Adults with care and support needs were being coerced into criminality, financial exploitation, and unsafe living conditions.

Through a co-ordinated response, Greater Manchester Police, Adult Social Care, Housing, Health and the Voluntary, Community and Faith Sector (VCFS) worked together to protect individuals, disrupt criminal activity, and reassure the community.

What we did:

- Safeguarding enquiries, health checks, housing support and advocacy for those at risk
- GMP targeted perpetrators, closed unsafe properties, and disrupted exploitation networks
- Housing and VCCFS partners supported community reassurance and resilience

Impact:

- Adults safeguarded and moved to safer environments
- Exploitation networks dismantled, reducing risks to others
- Community confidence strengthened through visible action
- National recognition as an example of effective cross-boundary working across sectors

Learning:

- Early information-sharing across agencies in critical
- Housing providers are key in tackling “cuckooing” and exploitation
- Community voice and intelligence help shape effective operational responses

6. Strategic Priorities and Achievements 2024-2025

In 2024–25, the BSAB continued to deliver on its Strategic Plan 2024–27, aligned with the Care Act 2014 and the Making Safeguarding Personal (MSP) approach. Table 1 below summarises the progress made against the Board's three strategic objectives, focusing on outcomes, impact, and learning.

Strategic Objective	**Outcome**	**Impact**	**Learning**
1. *People and Outcomes Ensure safeguarding is person-centred and effective.*	Easier access to safeguarding information and policies. Families and individuals more engaged in SARs. Safeguarding embedded in workforce induction.	Adults and families report greater confidence that their concerns are taken seriously. Improved safeguarding in care homes and wider VCSE sector.	Importance of involving people with lived experience at every stage. Trauma-informed responses and ACE awareness need to be embedded across practice.
2. *Safeguarding Effectiveness Strengthen governance, risk management, and assurance.*	Risk register and dashboards in place. Launch of MARM Strategic Risk Panel and multiple safeguarding policies (e.g. MCA, Domestic Abuse).	Improved timeliness and consistency of safeguarding enquiries. Stronger assurance for the Board through scrutiny panels and training evaluation.	Policies and dashboards are effective only when partners use them consistently; need to continue building engagement and accountability.
3. *Lessons Learnt and Shaping Future Practice Embed learning from SARs and thematic reviews.*	Joint learning events delivered (e.g. MCA, Self-Neglect). Cross-partnership training calendar established.	Workforce demonstrates increased awareness of themes such as self-neglect and coercive control. Closer alignment between Adult, Children's, and Community Safety Partnerships.	Sharing learning across boundaries is critical – "Think Family" approach must underpin all safeguarding work. Ongoing evaluation is required to test whether training changes practice.

7. Performance Data

Safeguarding activity in Bury during 2024–25 reflects both the increasing recognition of risk and the growing confidence of partners and the public in reporting concerns. The Board monitors performance not only against statutory expectations but also through

locally agreed measures that provide assurance about quality and impact. The table below summarises the key safeguarding indicators for the year.

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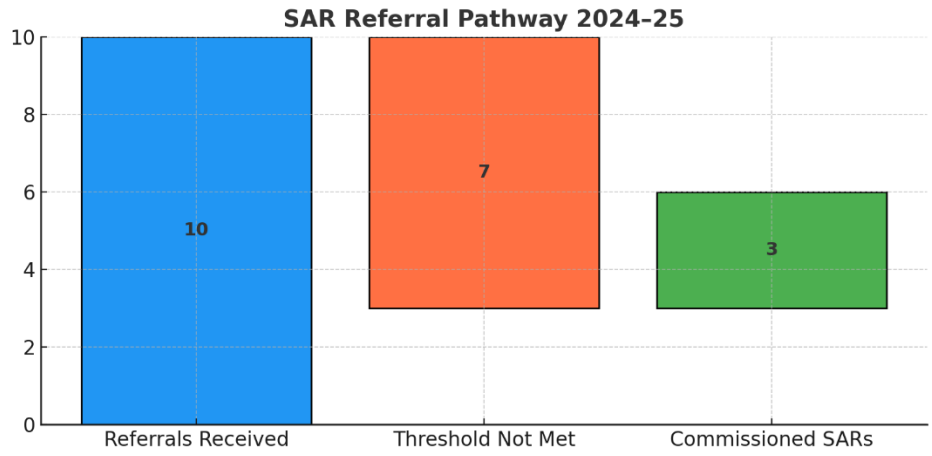
8. Safeguarding Adult Reviews (SARs)

Under Section 44 of the Care Act 2014, Safeguarding Adults Boards must commission a Safeguarding Adult Review (SAR) when an adult with care and support needs dies or suffers serious harm as a result of abuse or neglect, and there is concern about how agencies worked together. The purpose of a SAR is not to apportion blame but to promote learning and drive system-wide improvement.

Analysis of referral demographics shows that the majority of SARs concerned White British adults, with no referrals relating to Black, Asian, or Jewish individuals. This highlights a potential gap in recognition or access across communities, which the Board has committed to exploring further as part of its ongoing equity and inclusion work.

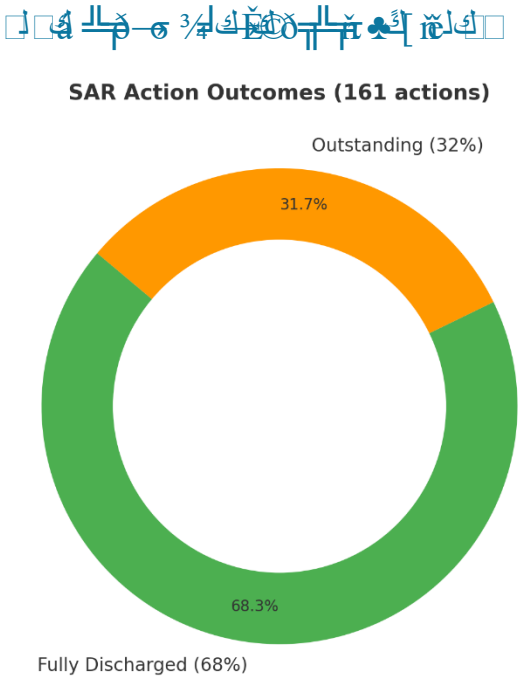


During 2024–25, the BSAB received 10 referrals [Fig.3] for Safeguarding Adult Reviews (SARs). Each referral was subject to structured screening to determine whether the statutory threshold was met. Of these, seven referrals did not progress to a SAR and were redirected to alternative learning pathways, while three referrals were commissioned (two mandatory and one discretionary). This approach ensures that SARs are applied proportionately and that learning is generated from every referral, even when the threshold is not met.

To ensure learning is not only identified but embedded, the Board has implemented a robust SAR action monitoring framework.

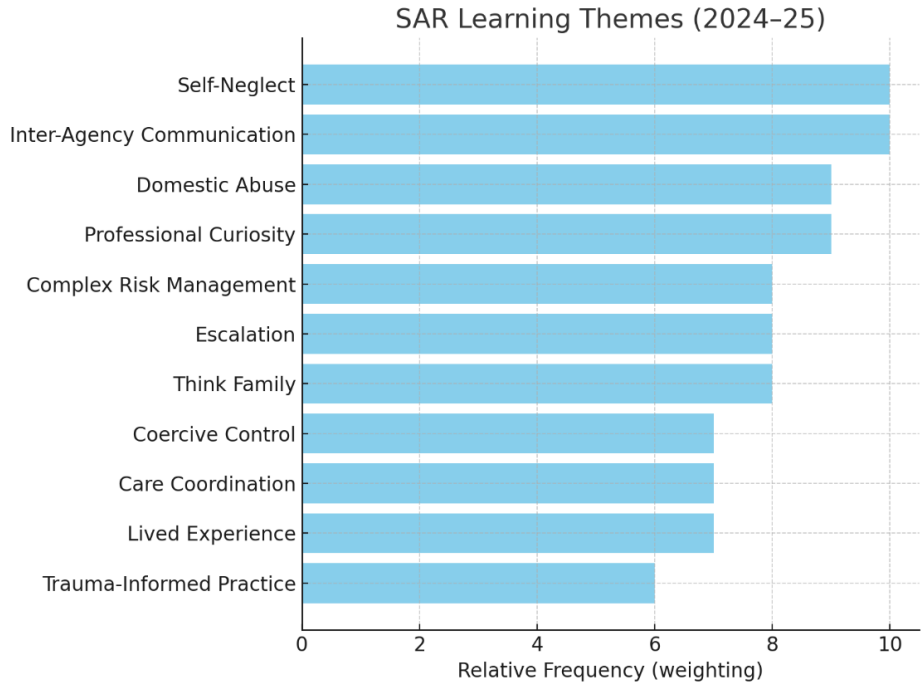
- 161 SAR actions were tracked across multiple reviews.
- Each action was allocated to a lead agency with clear accountability and timescales.

- Evidence of implementation was presented to five multi-agency scrutiny panels.



- 68% of actions fully discharged with robust evidence.
- Remaining actions were either partially discharged (requiring further work) or re-opened (where evidence was insufficient).

This process has significantly strengthened transparency, accountability, and assurance across the partnership. It provides a model of good practice now being shared with other SABs regionally.



Analysis of SARs during 2024–25 highlighted recurring themes:

- Self-neglect and complex risk management → reinforced the need for escalation through the Multi-Agency Risk Management Panel.
- Domestic abuse and coercive control → emphasised the importance of trauma- informed, whole-family approaches.
- Professional curiosity and escalation → highlighted the need for practitioners to probe, challenge, and escalate when risks are not reducing.
- Inter-agency communication and coordination → especially at points of transition between services (health, housing, social care).
- Families and carers were actively involved in reviews, ensuring lived experience shaped findings and strengthened the Making Safeguarding Personal approach.

These findings mirror the themes highlighted in the First and Second National Analyses of Safeguarding Adults Reviews (Preston-Shoot et al., 2020; 2022), which identified self-neglect, domestic abuse, professional curiosity, and inter-agency communication as the most common recurring issues. The alignment between national and local findings strengthens the case for prioritising these themes in Bury's strategic plan.

The BSAB has worked to ensure that learning from Safeguarding Adult Reviews translates into meaningful and sustained change across the partnership. Over the past

year, this has included the delivery of a broad programme of multi-agency training, with a particular focus on the Mental Capacity Act, self-neglect, domestic abuse, and professional curiosity. Alongside this, a number of protocols have been developed or refreshed – including those on MCA/DoLS, pressure ulcers, domestic abuse, and PIPOT – to provide practitioners with clear guidance and support in complex situations.

Learning has also been strengthened through joint events with the Bury Safeguarding Children Partnership and the Community Safety Partnership, helping to embed a Think Family approach and ensure that learning is shared across different areas of safeguarding. To provide assurance that changes are not just made but are effective in practice, Independent Scrutiny Panels have been used to test evidence of implementation, rather than relying on assurances alone.

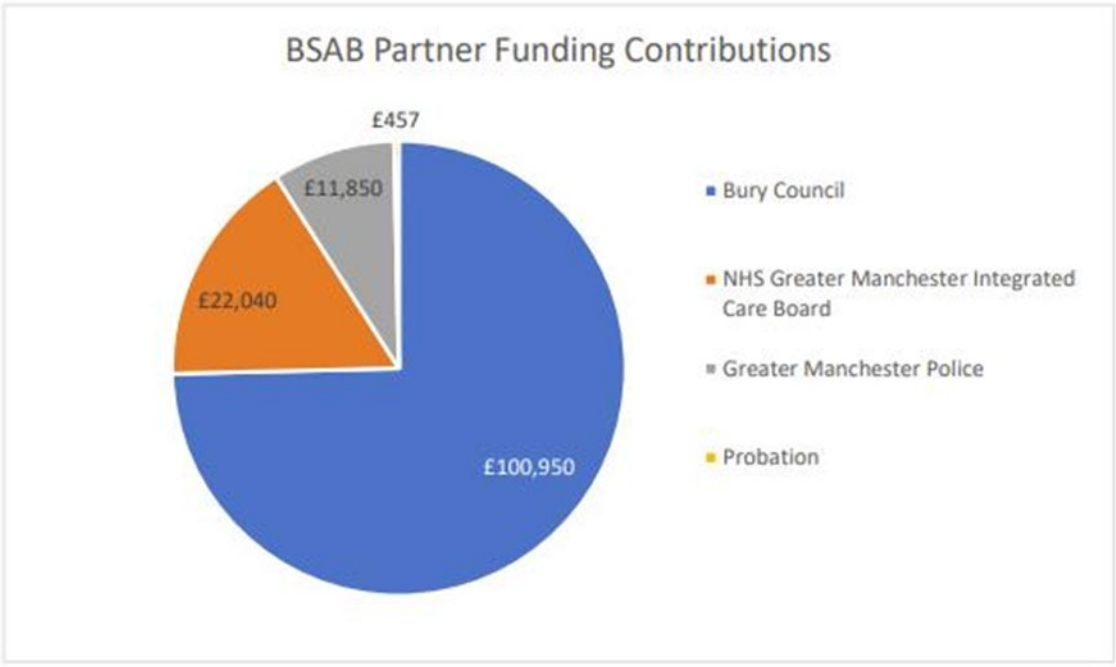
This has been reinforced by audit activity and by seeking feedback from frontline practitioners, giving the Board confidence that new approaches are building confidence and improving safeguarding responses. The BSAB's approach to monitoring SAR actions through independent scrutiny panels and the SAR Learning Tracker is consistent with recommendations from the Second National SAR Analysis, which emphasises the need for Boards not only to identify learning but to demonstrate and evidence its impact

Importantly, the BSAB has also shared learning with regional and national networks, contributing to wider system improvement and drawing on external insights to benchmark its own progress. Taken together, these measures demonstrate the Board's commitment not only to completing actions but to embedding a culture of continuous learning and improvement that delivers tangible benefits for adults at risk.

SARs remain a cornerstone of accountability and learning for the BSAB. In 2024–25, the combination of robust action monitoring and embedding of thematic learning demonstrated the Board's capacity to hold agencies to account while driving continuous improvement. Moving into 2025–26, the priority will be sustaining improvements, evidencing impact, and ensuring that the voices of adults and families remain central.

9. Finance and Resources

The BSAB is funded through partner contributions, which provide the resources to deliver statutory functions, commission reviews, and build workforce capacity. In 2024–25 [Fig 6.], the Board received contributions from Bury Council, NHS Greater Manchester, Greater Manchester Police, and other statutory partners.



10. Safeguarding in Partnership Contributions 2024/25

Safeguarding adults in Bury is only possible through the commitment and collaboration of our statutory and non-statutory partners. Each organisation brings unique strengths, resources, and perspectives, and together they form a whole-system response that ensures adults at risk are supported, protected, and empowered.

This section sets out the contributions made by partners during 2024/25, highlighting their strategic progress, key achievements, challenges, customer impact, and forward plans. These summaries demonstrate not only the breadth of safeguarding activity across the borough, but also the collective accountability that underpins the work of the Bury Safeguarding Adults Board.

Strategic Progress

Adult Social Care has taken forward a Safeguarding Transformation Plan that has reshaped how the service oversees and delivers safeguarding. The creation of the Safeguarding Operational Group has provided a clear structure for assurance, enabling better monitoring of risks and accountability for outcomes. This structural change has been supported by strengthened links with other council services, including housing and public health, ensuring safeguarding is not seen in isolation but as part of wider local wellbeing priorities. The service has also embedded reflective practice into routine operations, supporting staff to learn from complex cases and improve decision-making.

Key Achievements

- Delivery of the Safeguarding Transformation Plan.
- Reduction in safeguarding enquiries in care homes through proactive oversight.
- Strengthened governance through the Safeguarding Operational Group.

Challenges & Areas for Development

- Ensuring safeguarding services are accessible for those with complex needs or language barriers.
- Embedding preventative safeguarding approaches earlier in the intervention process.

Customer Voice & Impact

Feedback has highlighted that individuals and families feel their concerns are taken seriously and acted on more quickly than before, particularly within care homes. The introduction of stronger oversight arrangements has meant that safeguarding enquiries are addressed more efficiently, resulting in less disruption for residents and greater reassurance for families. Case examples show that collaborative responses between Adult Social Care and partners have prevented repeat safeguarding concerns, with service users reporting a greater sense of safety and trust in the system.

Forward Plans

The service will focus on embedding SAR learning into daily practice, while further developing quality assurance tools to provide stronger evidence of impact

Strategic Progress

The Probation Service has placed safeguarding at the centre of its practice by building closer connections with multi-agency partners, particularly in the management of complex cases. Strategic progress has been made in embedding trauma-informed approaches across the workforce, supported by targeted training programmes. A sharper focus has been placed on transitional safeguarding, especially for young adults moving from youth to adult services, ensuring their risks and vulnerabilities are recognised consistently. Partnership work with housing and social care has been enhanced, enabling smoother transitions for individuals leaving custody.

Key Achievements

- Strengthened support for transitions for 17–25-year-olds.
- Trauma-informed training embedded in practice.

- Reduction in homelessness through coordinated case management.

Challenges & Areas for Development

- Maintaining consistent attendance at safeguarding learning subgroups.
- Developing earlier interventions to prevent escalation of risk.

Customer Voice & Impact

Service user feedback demonstrates improvements in how transitions from custody to community settings are managed. Individuals have reported feeling better supported, particularly in securing accommodation and addressing health or substance misuse needs. Families of service users have also expressed greater confidence in how safeguarding concerns are identified and acted upon, noting that communication between agencies has improved. Case studies evidence reduced reoffending and improved stability, directly linked to multi-agency safeguarding support.

Forward Plans

The Probation Service will continue embedding trauma-informed approaches, with a particular emphasis on resettlement planning and preventing repeat safeguarding concerns.

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- The safeguarding team held our first annual conference, covering the Life Span of Safeguarding; 112 colleagues attended.
- The safeguarding team have recruited a Mental Capacity Act and DoLs lead to bring this specialism into the team and trust.

Challenges & Areas for Development

- Ensuring central oversight of referrals and thresholds for safeguarding referrals – this is mitigated through systems held by the safeguarding team but cannot be reported on centrally at present.
- Embedding new digital documentations for MCA and DoLs.

Customer Voice & Impact

- 399 Bury colleagues sought consultation with the safeguarding team in 2024-25. The team have also reviewed 3230 incidents across the Trust Footprint, giving advice and guidance to the teams.
- The Trust continues to actively engage with families and patients affected by safeguarding issues relevant to staff actions.

Forward Plans

- Digital dashboard to understand safeguarding activity centrally
- Implementation of safeguarding champion's model.
- Enhance work within the Trust in relation to the Mental Capacity Act to ensure knowledge, compliance, and governance

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- Monthly safeguarding champions meetings to raise topics for discussion such as multi-agency working, impact of domestic abuse alongside learning and thematics from safeguarding enquiries alongside SARs.

Challenges & Areas for Development

- Despite the mandated training, challenges remain regarding staff incorporating safeguarding practices following this. As a supplementary measure, the Adult Safeguarding Service provide visibility and advise to all wards and departments in Fairfield General Hospital and Bury Community Services, offering assurance that adult safeguarding practices remain high on the agenda.

Forward Plans

Progressing with the Oliver McGowan Code of Practice regarding mandatory training of learning disabilities and autism, the NCA following the achievement of compliance in the first tier of this training programme, are progressing arrangements for tier 2 mandated training.

Strategic Progress

During Q2 2024-25 a review of the governance arrangements for safeguarding across the Trust was undertaken. During each Quarter there would be the following sequence of meetings Strategic Safeguarding Sub-Committee, Safeguarding Effectiveness Group, Operational Safeguarding Group and a Learning from Reviews Group. In addition, a new cycle of business developed for reporting to the Strategic Safeguarding Sub-Committee to ensure oversight and assurance. The Trust has a comprehensive suite of safeguarding policies, procedures, and practice guidance, alongside the multi-agency procedures, which support staff to identify and respond to safeguarding concerns. These are accessible on the staff intranet.

Key Achievements

- New network established for identified Champions, facilitated by the Corporate Safeguarding Team; and Champion role supported by 'Champion Role Descriptor.'
- Introduction of Quality Visits across service areas which includes adults with lived experience and a safeguarding subject matter expert.
- The following briefings have been completed during 2024-25 in response to key learning and themes emerging from internal and external multi-agency reviews:
    - Self-Neglect and MCA

  - Care Leavers
  - Prevent and radicalisation
  - Domestic Abuse – policy and resources
  - Professional Curiosity
  - Distressed Behaviours
  - The recording of children and safeguarding alerts on the clinical record system
  - In Q3 2024/25, new bitesize learning sessions were introduced in response to key themes from learning: this included sessions on Wilful Neglect – legalities/roles/responsibilities, Domestic Abuse Policy re-launch and Section 117.

- 'Let's Talk about Domestic Abuse' - training developed and delivered. This training is available via the GMMH Recovery Academy and was co-developed and co-delivered by an adult with lived experience and the Corporate Safeguarding Team. It is available for both staff and service users.
- Trust wide Professional Curiosity Learning Event co-developed and co-delivered by the Corporate Safeguarding Team in Q4 2024/25.
- The Trust delivers Levels 1-3 Safeguarding Adult Training. Level 3 is facilitated by a Safeguarding Trainer. In addition, the Trust also delivers Section 42, Mental Capacity Act and Safeguarding Chair Training on a regular basis.

Challenges & Areas for Development

Safeguarding staffing capacity and consistent attendance at sub-groups – additional resource has now been allocated and staff recruited into posts.

Customer Voice & Impact

Quality Visits introduced which captures the voice of the adult across services.

Forward Plans

Finalisation of a central safeguarding dashboard to improve oversight and ease of access to live safeguarding data.

Strategic Progress

Housing services have advanced safeguarding by embedding risk recognition and response into day-to-day housing management. A strategic focus has been placed on

issues linked to exploitation, such as cuckooing, and on poor housing conditions, such as damp and mould, which have direct impacts on health and wellbeing. Housing partners have worked more closely with the police and Adult Social Care to ensure residents in high-risk areas are safeguarded more effectively.

Key Achievements

- Delivery of cuckooing and damp/mould awareness sessions.
- Joint work to address anti-social behaviour in high-risk areas.
- Support for vulnerable tenants to access safer accommodation.

Challenges & Areas for Development

- Closer integration of housing risk assessments into safeguarding plans.
- Strengthening preventative approaches within housing services.

Customer Voice & Impact

Residents have reported improved confidence in raising concerns about safety and living conditions. Case examples demonstrate that vulnerable tenants who were previously at risk of exploitation or living in unsafe environments have been supported into safer housing. Families have expressed relief at improved communication between housing officers and safeguarding partners, leading to faster resolution of risk.

Forward Plans

Housing partners will continue prioritising safeguarding referrals, strengthening operational links with police and social care, and embedding safeguarding into core housing processes.

Strategic Progress

GMP has made safeguarding a strategic priority through targeted operations and improved intelligence-sharing with statutory partners. High-profile operations such as Operation Vardar in Whitefield have disrupted organised crime groups exploiting adults and demonstrated the impact of coordinated enforcement and safeguarding activity. Police have also invested in strengthening frontline officers' knowledge of safeguarding pathways and ensuring safeguarding referrals are timely and appropriate.

Key Achievements

- Successful disruption of organised crime groups through Operation Vardar.
- Strengthened safeguarding referrals and intelligence-sharing across agencies.

- Delivery of community campaigns to raise awareness of adult exploitation.

Challenges & Areas for Development

- Further embedding early intervention into exploitation cases.
- Ensuring consistent engagement with all safeguarding subgroups.

Customer Voice & Impact

Community feedback following joint operations has been positive, with residents reporting increased feelings of safety and confidence in policing. Families directly affected by exploitation have expressed appreciation for rapid safeguarding responses and the visible presence of police working alongside housing and social care. Case examples highlight reduced risks for vulnerable adults and a stronger sense of protection within local communities.

Forward Plans

GMP will continue to strengthen preventative safeguarding approaches, expand joint operations with partners, and embed SAR learning into operational policing.

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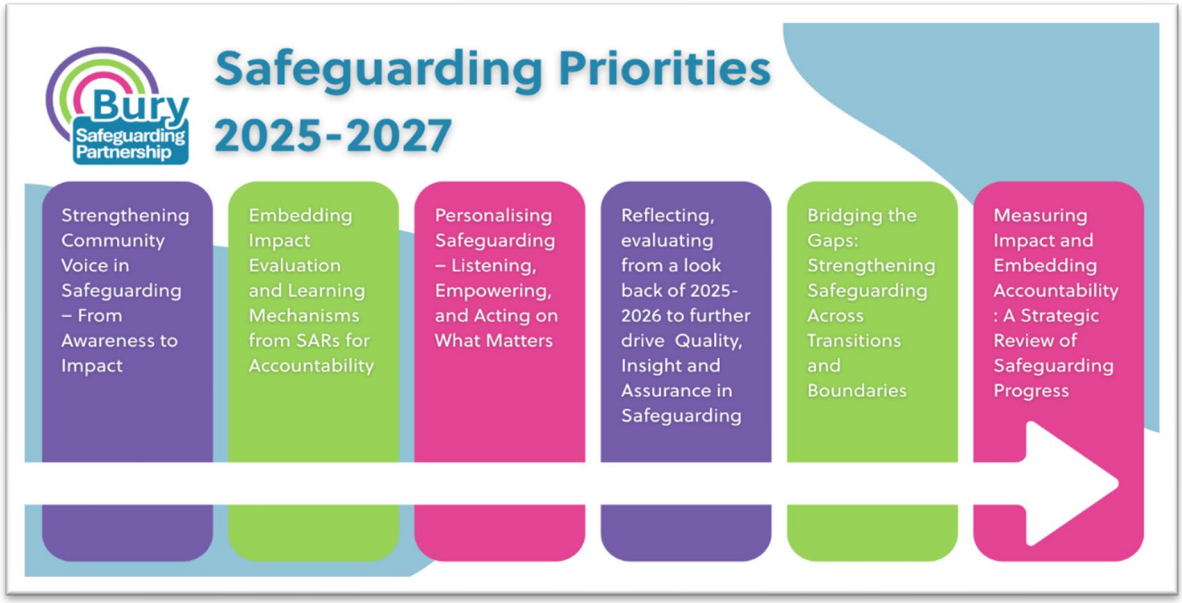
- Constant change within Bury and across Greater Manchester, creates challenge when aiming for a consistent safeguarding system.

Forward Plans

Going forward, NHS GM will continue to address any newly acquired statutory responsibilities and reforms including the ICB duty to co-operate in line with the Serious Violence Duty (2022), the Domestic Abuse Act (2021) and the implementation of the Sexual Safety Charter in line with the Worker Protection Act 2023 (amendment of the Equality act 2010). System assurance demonstrating the impact from learning remains a key area of focus for the team in 2025/26.

11. Bury Safeguarding Adults Board Priorities 2025-27

The strategic priorities for 2025/26 are clearly aligned with the BSAB's long-term vision of safeguarding that is inclusive, evidence-led, and shaped by lived experience. Each priority reflects a natural progression from the work completed in 2023–2024 and responds directly to identified risks, gaps, and opportunities.



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- Co-production of safeguarding messages.
- Culturally relevant campaigns and improved accessibility.
- Expansion of community feedback mechanisms.

Impact: This priority builds on the foundation laid in 2023–2024 and aims to transform awareness into action, ensuring safeguarding is responsive to diverse community needs.

Strategic Plan Alignment:

This aligns with Strategic Priority 2: “Embedding Impact Evaluation and Learning Mechanisms from SARs for Accountability.”

Progress from 2023–2024:

- SAR dashboard and Learning Tracker introduced.
- SAR Champions Network expanded.
- SAR learning integrated into training and supervision.

2025/26 Focus:

- Formal impact-tracking tools.
- Broader dissemination of SAR learning.
- Structured feedback from practitioners and families.

Impact: This priority deepens the commitment to learning that drives change, ensuring SARs lead to measurable improvements in safeguarding practice.

Strategic Plan Alignment:

This aligns with Strategic Priority 4: “Driving Quality, Insight and Assurance in Safeguarding.”

Progress from 2023–2024:

- Performance data and dashboards were developed.
- Governance structures were strengthened.
- Risk register and audit frameworks were initiated.

2025/26 Focus:

- Launch of a multi-agency quality assurance framework.

- Quarterly learning audits and refreshed risk register.
- Enhanced use of shared data in decision-making.

Impact: This priority reinforces the Board's ability to monitor, evaluate, and improve safeguarding arrangements, ensuring transparency and accountability across the partnership.

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- **People with lived experience** — whose honesty and courage in sharing experiences continue to challenge us, shape our priorities, and remind us why this work matters.

The Board is grateful to every individual who has played a part in safeguarding adults this year. It is your dedication — not structures or strategies alone — that makes the difference. Together, we continue to uphold not only the duty to protect life, but the responsibility to enable every adult in Bury to live with dignity, safety, and inclusion.

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Report from Safeguarding Adult Board

To:	Health & Wellbeing Board
Chair/Author:	Rachael Strutz- Safeguarding Partnership Manager
Date:	4th 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)

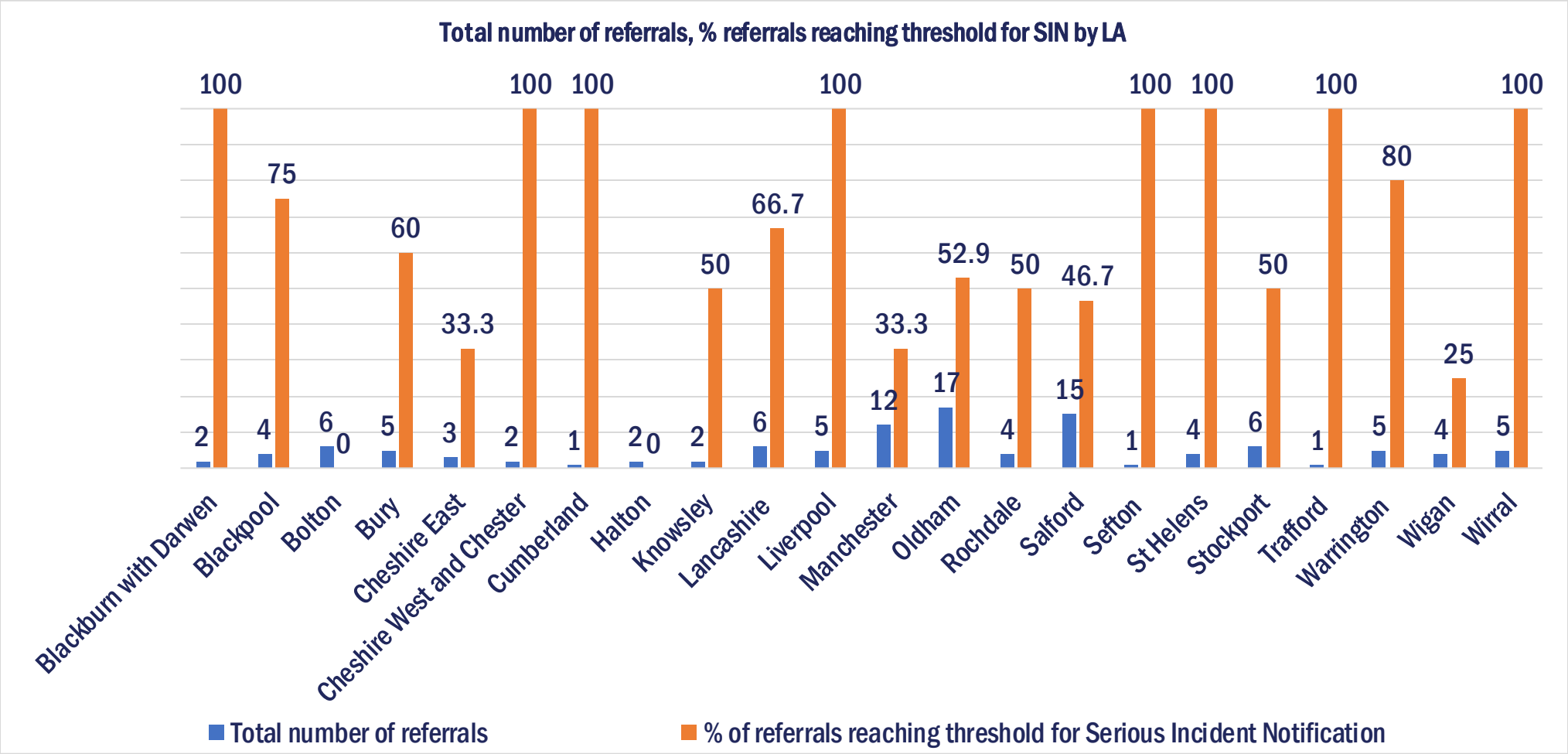
Looking Ahead: 2025–2026 Focus

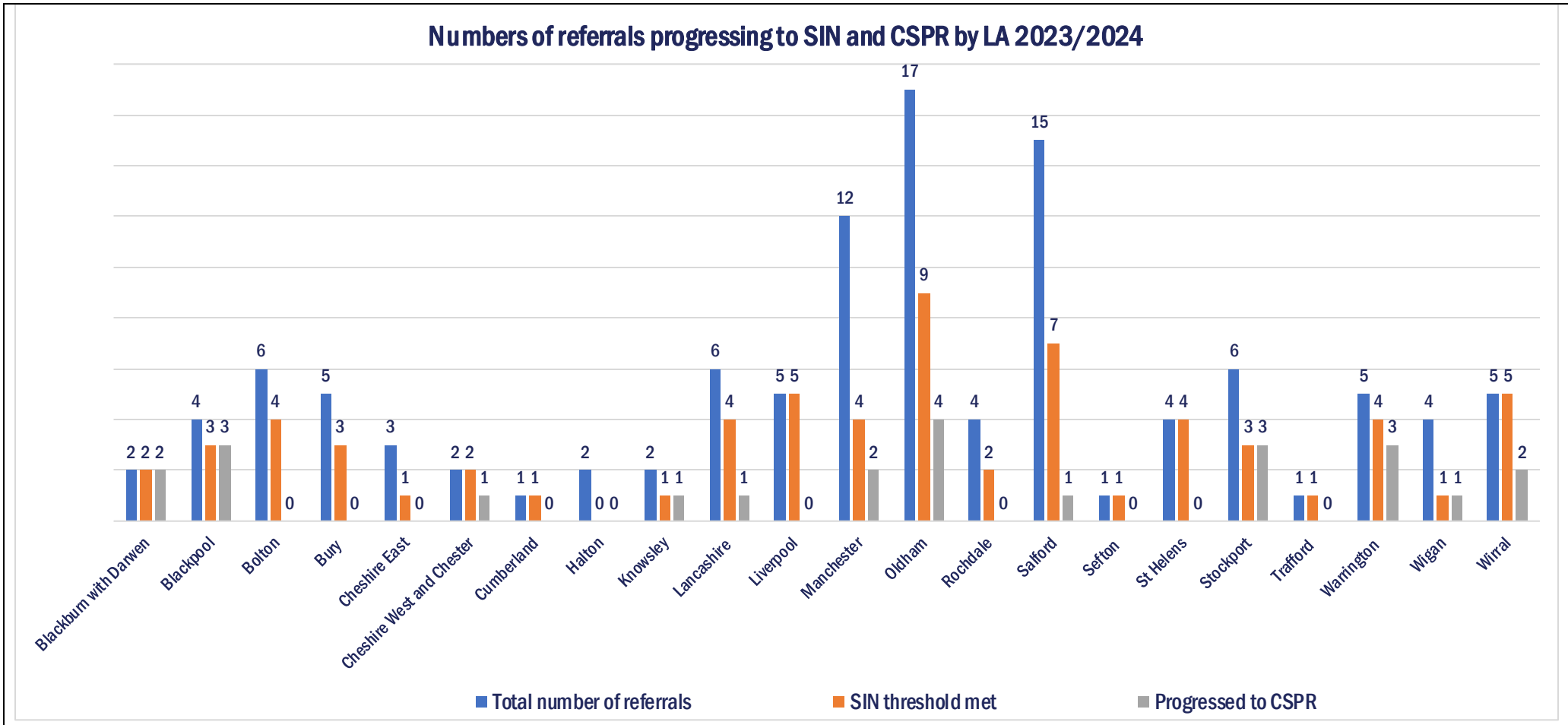
Our focus for the coming year is to:

- **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



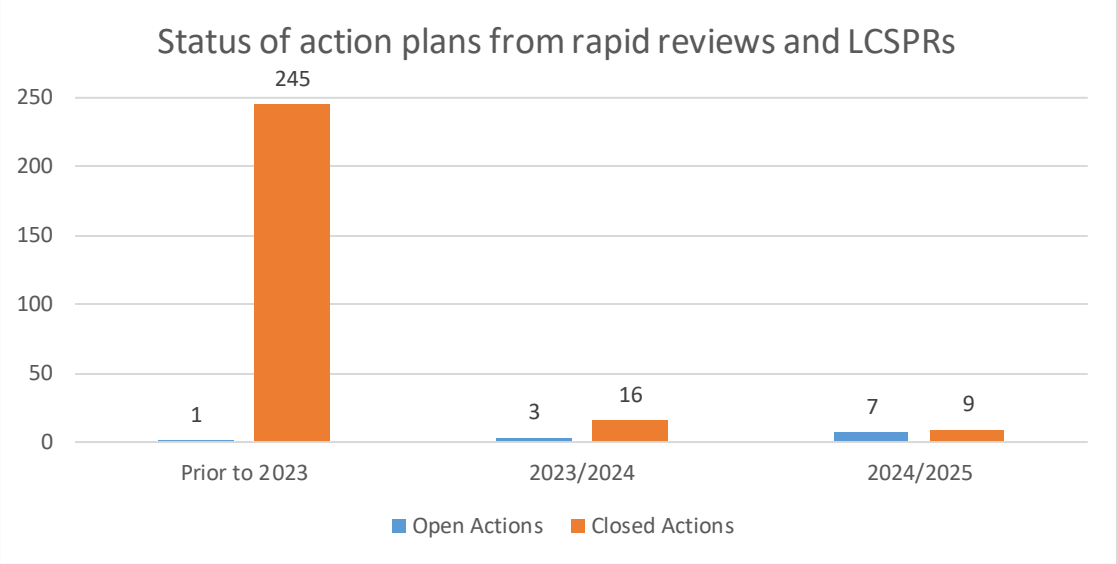

Numbers of referrals progressing to SIN and CSPR by LA 2023/2024
2 2 2
4 3 3
6 4 0
5 3 0
3 1 0
2 2 1
1 1 0
2 0 0
2 1 1
6 4 1
5 5 0
12 4 2
17 9 4
4 2 0
15 7 1
1 1 0
4 4 0
6 3 3
1 1 0
5 4 3
4 1 1
5 5 2
Blackburn with Darwen
Blackpool
Bolton
Bury
Cheshire East
Cheshire West and Chester
Cumberland
Halton
Knowsley
Lancashire
Liverpool
Manchester
Oldham
Rochdale
Salford
Sefton
St Helens
Stockport
Trafford
Warrington
Wigan
Wirral
Total number of referrals
SIN threshold met
Progressed to CSPR

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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Agenda Item 8a

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	Thursday 15th January 2026
Title of report:	**Update on Bury Cultural Strategy against the five strategic pillars of the Strategy.**
Report by:	Jackie Veal – Head of Wellness
Decision Type:	**Information**
Ward(s) to which report relates	**All**

Executive Summary:

This report consolidates cultural updates across the five strategic pillars of the Bury Cultural Strategy including updates on wider GMCA and local partners, highlighting Creative Health integration, UKSPF and Place Growth funding, Cultural Organisations Group (COG) priorities.

Recommendation(s)

That:

1. Note the report and strategy refresh and align with health priorities

Key considerations:

Bury Cultural Strategy: Five Strategic Pillars

The Bury Cultural Strategy is built around five strategic pillars that collectively aim to embed culture at the heart of the borough's identity, wellbeing, and economic growth. The **Stories** pillar empowers communities to share their own narratives through events, partnerships, and innovative storytelling initiatives, ensuring that residents are not just audiences but active creators. **Skills** focuses on developing creative industry pathways by supporting lifelong learning, artist networking, and talent development from grassroots to professional levels. **Strength** prioritises the integration of creative health into wellness frameworks, leveraging arts-based interventions like Arts-on-Prescription and music therapy to deliver measurable health benefits and reduce inequalities. **Space** is dedicated to creating inclusive venues and public spaces, with significant investment in infrastructure, venue improvements, and public art to ensure accessibility and vibrant cultural participation. Finally, **Support** facilitates collaboration and sustainable investment by aligning partners, maximising funding opportunities, and introducing robust KPIs to track engagement and impact, ensuring the long-term vitality of Bury's cultural ecosystem.

The following report summarise the progress made against the five existing strategic pillars.

1. Stories – Empowering Community Narratives

Bury's longstanding identity as a borough of storytellers is central to its cultural vision. The strategy moves away from a top-down approach, instead activating community agency so residents can tell their own stories—not just as audience members, but as authors and creators.

Community-Driven Events: The Bury Festival of Art drew over 1,000 attendees and showcased more than 100 local artists, reaching 20,000 people via social channels. The Bury Art Museum Festive Event welcomed 450 visitors, featuring performances, artist stalls, family activities, and workshops.

Ongoing Partnerships: Engagements with the Fusilier Museum, library programs, and the Wonderbird Project continue to celebrate and share diverse stories, with high attendance and ongoing momentum into the new year.

Innovative Storytelling: Initiatives like the interactive Peel Tower trail (QR codes linking to residents' stories) and the upcoming Storytelling Festival (with Bury Hospice and local schools) encourage heritage sharing and creative expression.

Bury Cultural Branding and Identity – Ongoing use of the Culture Bury Brand and working with Place colleague to further embed the Cultural Strategy into future place based branding.

2. Skills – Developing Creative Industry Pathways

Bury aims to become a leader in lifelong creative practice, setting standards for creative entrepreneurship and co-designed community programs. The strategy supports skill development at every stage, from grassroots to professional levels.

Artist Networking: Opportunities for local artists to collaborate and share ideas are expanding, with new networking sessions and partnerships (e.g., with Rob Dart) designed to foster creative exchange and professional growth.

Education and Lifelong Learning: Library activities and educational programs across Bury's libraries support creative development for all ages, while bespoke school projects and placements build confidence and skills in young people.

Creative Careers: The GMCA Creative Industries Sector Plan prioritises talent development, freelancer support, and diversity. Bury's cultural partners are working to collect performance indicators that demonstrate impact on creative careers and the broader economy

The GMCA's Creative Industries Sector Plan is advancing, with new governance structures and sector-wide initiatives to foster creative talent and industry growth.

Artist Networking sessions are planned for early 2026 and collaborative projects provide opportunities for local creatives to connect, share ideas, and develop new skills.

Library Activities and educational programs across Bury's libraries support lifelong learning and creative development for all ages.

3. Strength – Promoting Cultural Health and Wellbeing

Creative Health is now a strategic priority, with £1.6m GMCA/NHS investment (including £800k Arts Council match funding). Delivery models such as Arts-on-Prescription, dementia-friendly sessions, and music therapy have led to significant health impacts: 37% fewer GP consultations, 27% fewer hospital admissions, and a return of £4–£11 for every £1 invested.

The Bury Culture Weekend, scheduled for February, will focus on wellness, featuring activities like Fire Garden, circus skills, and early evening sessions to promote mental health and social engagement.

Projects like Bringing It Back to You (creative sessions in care homes) and Winter Care Packages for vulnerable community members further support wellbeing outcomes.

- **Strength – Promoting Cultural Health and Wellbeing**

Bury's approach to "Strength" is rooted in the integration of creative health into the borough's wellness framework, leveraging arts, culture, and community engagement to deliver measurable health benefits and address inequalities.

- **Strategic Investment and Integration**

Major Investment: The Greater Manchester Culture Fund, jointly led by GMCA and NHS, has committed £1.6 million (including £800k from the Arts Council) to embed creative health into health and social care. This investment supports a unified strategy across health, community, and cultural sectors, ensuring equitable access to wellbeing support in all neighborhoods.

Holistic Delivery: The strategy aligns curated cultural programs with grassroots activities, supporting holistic health and wellbeing. Bury Council's wellness strategies now include arts outreach, nature exploration, and anti-bullying initiatives, all designed to improve mental and emotional health.

- **Evidence-Based Impact**

Arts-on-Prescription: This social prescribing model enables individuals experiencing psychological or physical distress to engage in community arts (galleries, museums, libraries). Results show a 37% reduction in GP consultations and a 27% drop in hospital admissions, with a calculated social return on investment of £4–£11 for every £1 invested (an average saving of £216 per patient).

Therapeutic Outcomes: Music therapy has reduced agitation and medication needs in 67% of people with dementia. Art therapies have been shown to alleviate anxiety, depression, and stress, while increasing resilience and overall wellbeing.

Reducing Health Inequalities: Creative health initiatives bring together communities, the voluntary sector, local government, and health systems to tackle health inequalities. Access to creative opportunities helps mitigate the negative impacts of wider determinants of health, such as social isolation and economic disadvantage.

- **Community Engagement and Wellbeing Events**

Health-Focused Events: Projects like "Perfect Pitch" (English National Opera) and "Breathe Easy" (Bradford) use music therapy and online support to aid Long COVID recovery. The Victoria Wood Statue unveiling and Fire Choir performances foster civic pride and intergenerational engagement, contributing to emotional and social health.

Wellbeing Sessions: Practical staff programs, such as "Art to Reduce Anxiety and Stress" and wellbeing walks/runs, are incorporated into regular wellness sessions for both staff and residents.

Inclusive Access: Attendance at cultural health programs is being monitored to ensure inclusivity across educational levels, prosperity, and ethnicity, with targeted outreach to underrepresented groups.

- **Empowering Residents and Building Capacity**

Community Multiplier Fund: This initiative trains local communities in project development, fundraising, and event management, empowering residents to lead their own cultural health initiatives.

Shared Spaces for Healing: Cultural venues are activated as spaces for storytelling, heritage, and creative expression, offering residents opportunities to connect, reflect, and heal.

- **Ongoing Collaboration and Evaluation**

Cross-Sector Collaboration: Bury's Creative Health action plan is being developed in partnership with NHS and GMCA, with a focus on priority cohorts and referral pathways. Evaluation metrics are being established to measure impact and inform future investment.

National and Regional Alignment: The strategy is closely aligned with Arts Council England's "Let's Create," the National Centre for Creative Health, and regional frameworks, ensuring best practice and access to wider resources.

4. Space – Creating Inclusive Venues and Public Spaces

The strategy recognises that accessible, welcoming spaces are vital for cultural participation and wellbeing. Investments and partnerships are focused on making venues and public spaces inclusive and vibrant.

Infrastructure Investment: The UK Shared Prosperity Fund (£500k) and Pride in Place (£20m) have enabled hundreds of cultural events, engaged tens of thousands of attendees, and created hundreds of volunteer opportunities, enhancing access to cultural spaces across Bury and Radcliffe.

Venue Improvements: The Met's 50th anniversary and ongoing upgrades ensure that cultural spaces remain welcoming and accessible. The Met delivers over 200 live events annually, supports artist development, and provides inclusive programs for disabled adults, young people, and underrepresented communities.

Public Art and Heritage: Initiatives like the Irwell Sculpture Trail Tours and Walks offer guided experiences that connect people to art and heritage in public spaces, promoting wellness and community engagement.

Investments from the UK Shared Prosperity Fund (£500k) and Pride in Place (£20m) have enabled 455 cultural events, engaged 37,500 attendees, and created 644 volunteer opportunities, enhancing access to cultural spaces across Bury and Radcliffe.

The Met's 50th anniversary and venue improvements, along with the expansion of public events and workshops, ensure that cultural spaces remain welcoming and accessible.

Initiatives like the Irwell Sculpture Trail Tours and Walks offer guided experiences that connect people to art and heritage in public spaces.

Warm Spaces and Supportive Collective – Many of the Cultural Spaces are Warm Spaces for vulnerable residents and Supportive Collections are now embedded into library provision.

5. Support – Facilitating Collaboration and Sustainable Investment

The strategy recognises that accessible, welcoming spaces are vital for cultural participation and wellbeing. Investments and partnerships are focused on making venues and public spaces inclusive and vibrant.

Infrastructure Investment: The UK Shared Prosperity Fund (£500k) and Pride in Place (£20m) have enabled hundreds of cultural events, engaged tens of thousands of attendees, and created hundreds of volunteer opportunities, enhancing access to cultural spaces across Bury and Radcliffe.

Venue Improvements: The Met's 50th anniversary and ongoing upgrades ensure that cultural spaces remain welcoming and accessible. The Met delivers over 200 live events annually, supports artist development, and provides inclusive programs for disabled adults, young people, and underrepresented communities. Submission to GMCA Public Retro Fund December 25.

Public Art and Heritage: Initiatives like the Irwell Sculpture Trail Tours and Walks offer guided experiences that connect people to art and heritage in public spaces, promoting wellness and community engagement.

COG partners (BAM, Libraries, The Met) are advancing key initiatives through joint bids, shared resources, and alignment with GMCA priorities.

The Creative Places Growth Fund (from April 2026) will further strengthen cultural infrastructure and support sustainable growth.

The strategy refresh for 2026–2030 will introduce KPIs to track engagement and visitor economy impact, ensuring ongoing evaluation and improvement.

Key Issues for the Board to consider:

Note the progress the Strategy and Strategy refresh

Community impact/links with Community Strategy – Alignment with Cohesion Strategy and Neighbourhood Arts and Cultural Delivery.

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.

Equality Analysis	*Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.*

**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.*

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

Report Author and Contact Details:

Background papers:

Bury Cultural Strategy FINAL April

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

Term	Meaning
COG	Cultural Organisations Group

Bury Council

PUBLIC HEALTH ANNUAL REPORT

THE COMMERCIAL DETERMINANTS OF HEALTH

2024/25

Jon Hobday,
Director of Public Health,
Bury Council

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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.

Jon Hobday
Director of Public Health

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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.

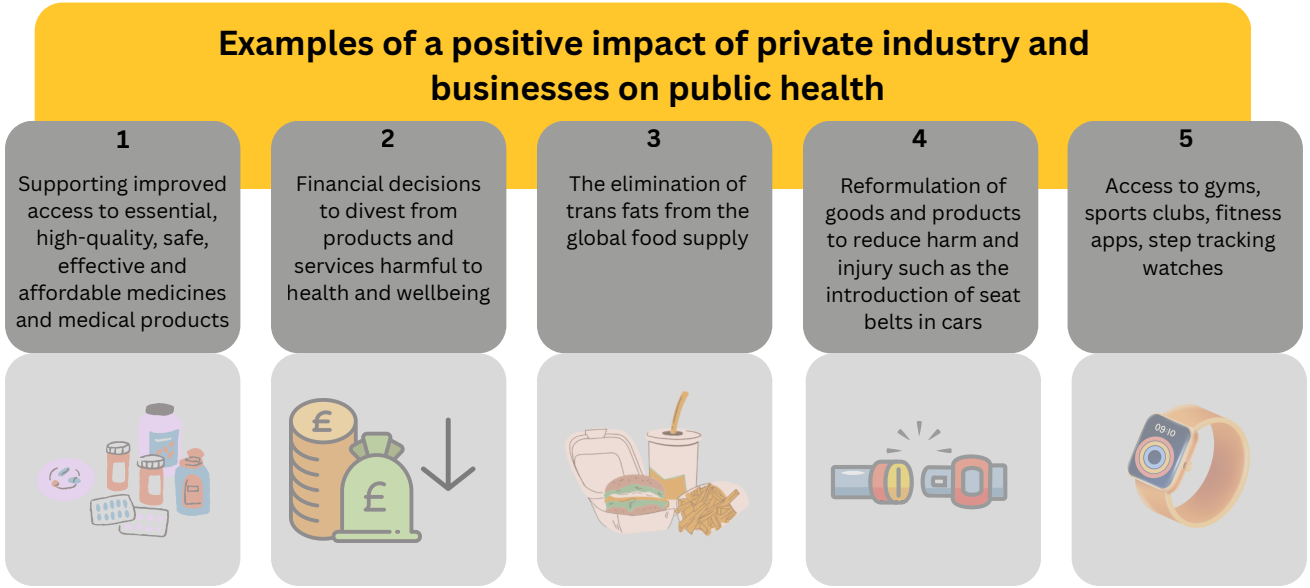

Figure 1.Examples of a Positive impact of private industry and businesses on public health[3]

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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.

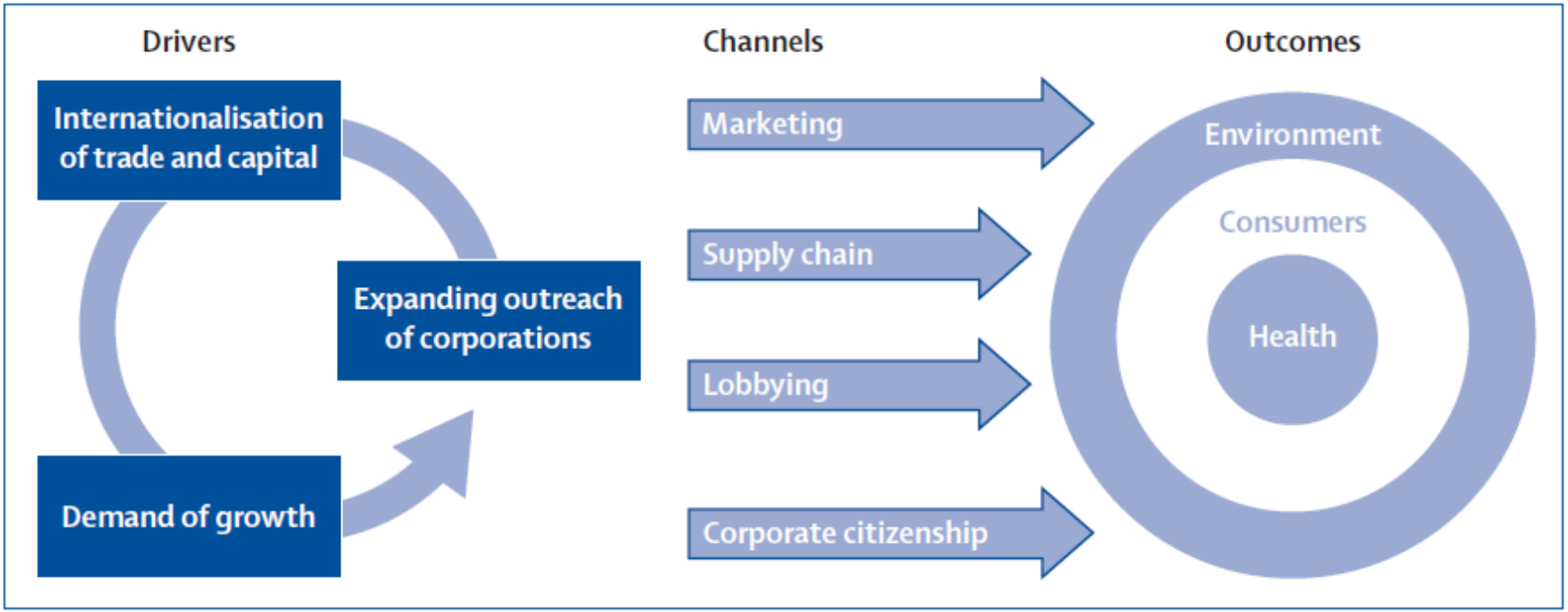

Figure 2- Commercial determinants of health framework: dynamics that constitute the commercial determinants of health[7]

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COMMON INDUSTRY TACTICS

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 pseduo 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.	

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COMMON EXAMPLES OF THE METHODS USED BY UCI'S

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].

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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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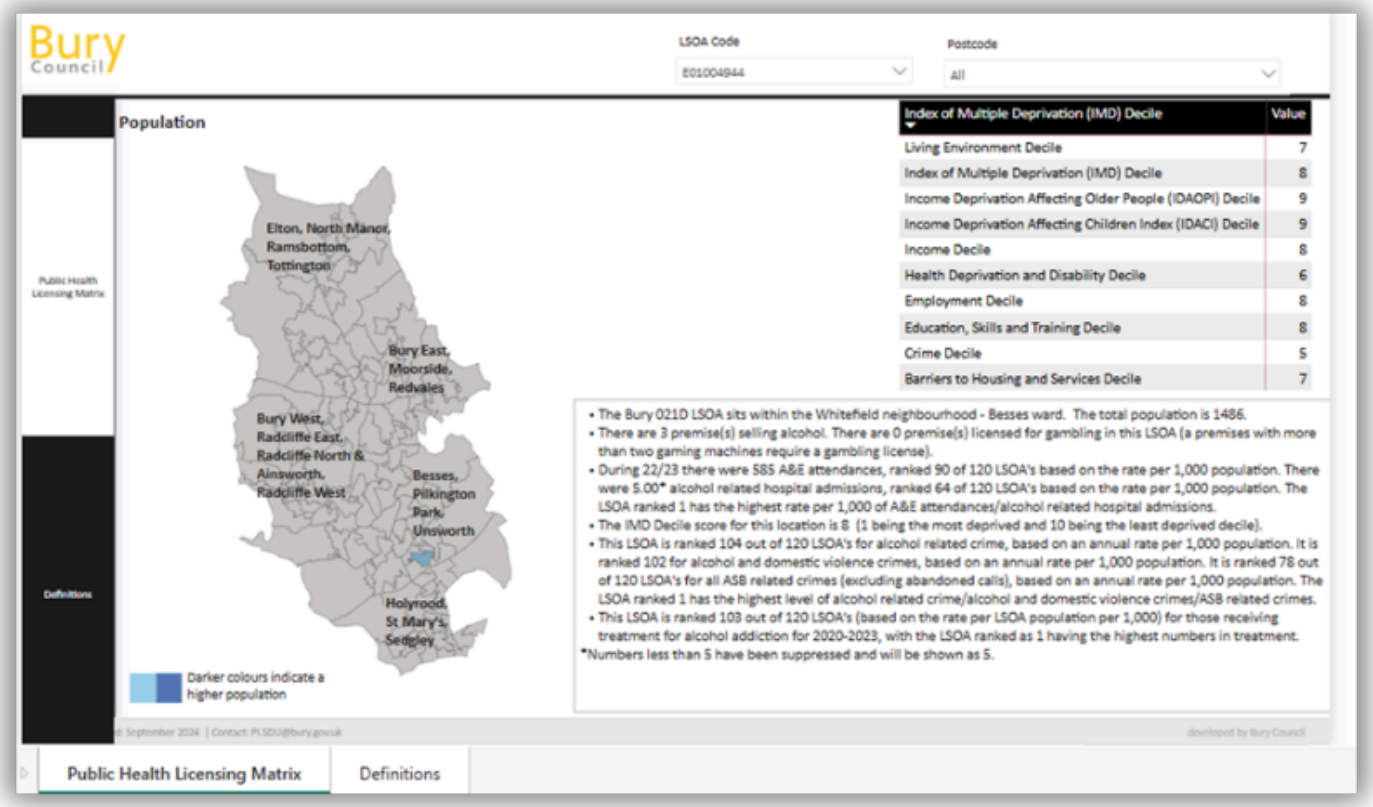

Figure 3- Bury Council licensing matrix (screen shot)

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.

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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]).

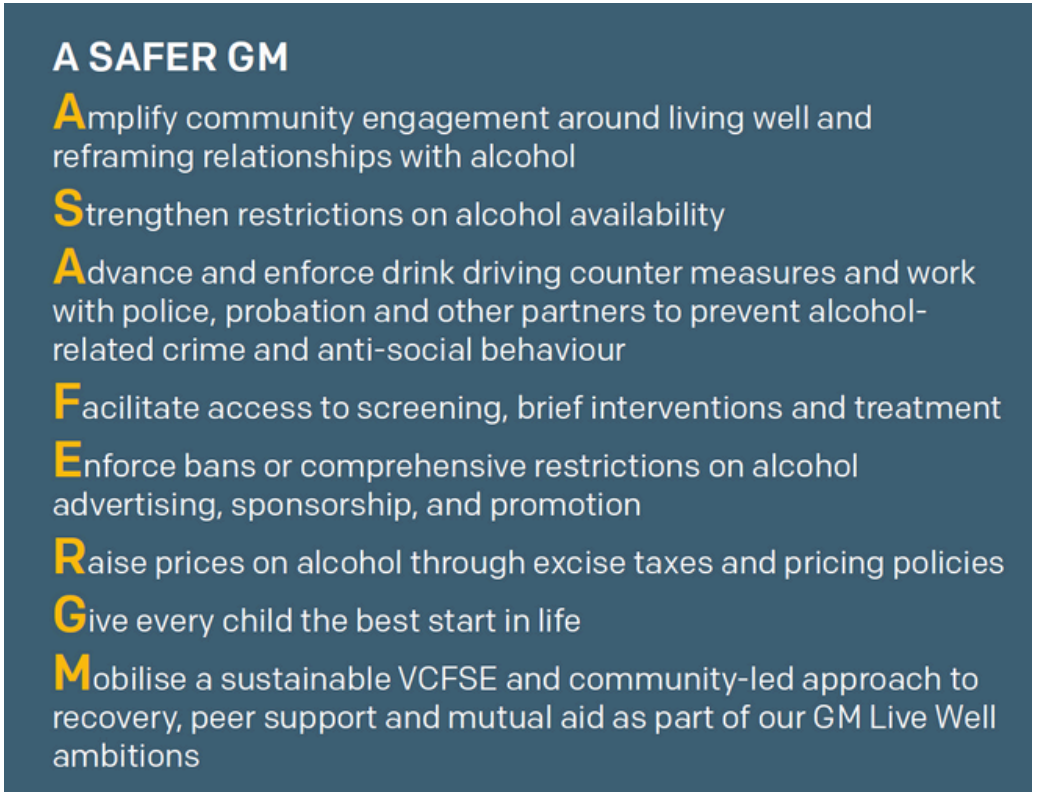

Figure 4- A SAFER GM framework

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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 £1.5billion 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

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.

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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FAST FOOD

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.

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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 (aged18-64) 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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KEY RECOMMENDATIONS FOR BURY AROUND CDOH

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.

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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[68] (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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CONCLUSION AND CALL TO ACTION

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

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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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HCIs	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)
UCIs	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
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.	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.

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Recommendations	Update 2025
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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Recommendations	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 lead 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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Recommendations	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[72]. 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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Recommendations	Update 2025
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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Recommendations	Update 2025
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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Bury Council

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THE COMMERCIAL DETERMINANTS OF HEALTH

2024/25

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