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, 3 September 2026
Place:	Committee Rooms A&B
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 - 10)*

The minutes of the meeting held on 11th June 2026 are attached for approval.

5 MATTERS ARISING

6 WIDER DETERMINANTS OF POPULATION HEALTH

a CRIME AND SAFETY UPDATE *(Pages 11 - 28)*

Update provided from Chris Woodhouse Strategic Partnerships Manager

b PUBLIC SERVICE REFORM STEERING GROUP UPDATE *(Pages 29 - 50)*

Update provided from Chris Woodhouse Strategic Partnerships Manager

7 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a REVIEW OF HEALTH AND WELLBEING DATA

Verbal Update to be provided from Jon Hobday Director of Public Health

8 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a OBESITY AND HEALTHY WEIGHT *(Pages 51 - 64)*

Update from Lee Buggie Public Health Specialist

9 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

There are no items for consideration under this quadrant.

10 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 June 2026

Present: Councillor T Tariq (in the Chair)
Councillors C Birchmore, E FitzGerald, C Hunt and T Pilkington

Also in attendance: W Blandamer, J Hobday, A Crook, Dr C Fines, H Tomlinson, J Richards, K Wynne-Jones, C Brown, F Vale, J McGlynn, I Trafford, R Passman and L Bell

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

Apologies for Absence: A Cowan, Councillor A Arif, Councillor L Ryder and Councillor L Smith

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HWB.155 Apologies for Absence

Apologies for absence are noted above.

HWB.156 Declarations of Interest

There were no declarations of interest made at the meeting.

HWB.157 Public Question Time

There were no public questions asked at the meeting.

HWB.158 Minutes of previous meeting

It was agreed:

That the minutes of the meeting held on 17 March 2026 be approved as a correct record.

HWB.159 Matters Arising

Kath Wynne-Jones provided an update on the development of the neighbourhood plans, noting that the process will continue until September. Work was ongoing across individual programmes to better understand the detailed contributions of each, alongside maintaining strategic oversight to ensure alignment with the identified priority areas.

HWB.160 Wider Determinants of Population Health

a Anti Poverty Update

Chris Brown, Head of Revenue and Benefits and Anti-Poverty Lead, gave a presentation detailing the development process and scope of the Anti-Poverty Strategy, which was reaching the final stages of governance and approval since the review process started in November. The Board noted the work to ensure relevant

insight and buy-in from local partners and community groups, as well as the emphasis on lived experience from diverse groups. The strategy was underpinned by clear, practical actions informed by the evidence, assigned among key stakeholders, and aligned to strategic aims.

In response to questions it was noted that:

- Baseline data would be provided where possible for actions when the strategy comes to Board for approval.
- Residents remained involved with the strategy's development, with groups being revisited and providing input as to whether the action plan addresses the issues raised and was a clear document.
- Bury Housing had been involved in the production of the strategy and action plan, and proactive engagement for residents was the current working practice; for example a new pre-tenancy approach will ensure welfare officers offer income maximisation advice prior to new residents moving in.
- The anti-poverty work ran alongside the Council's inclusion work, with every resident being supported as and when they needed. The Board noted that respected organisations and community groups were utilised through the Crisis and Resilience Fund, rather than 'parachuting in' unfamiliar services that local residents wouldn't trust and therefore not access.
- Services were proactive in responding to trigger points (e.g. atypical missed Council Tax payments) and reaching out to engage residents who might be in need before they reached crisis point. It was noted that not everyone would engage, but the work would aim to be as accessible as possible and remove barriers to support.

Will Blandamer advised that significant work with various partners was ongoing to identify cohorts at risk, ensuring support was visible and accessible and utilising existing networks. This reflected the need for the strategy to remain agile, responding locally and adapting to the differing needs of communities.

The Chair thanked Chris for his presentation and asked that, before the Strategy and Action Plan came before the Board for approval, work be undertaken to clarify the Board's responsibilities in this area and how they could hold the Strategy to account and monitor the resulting impact.

It was agreed that:

- The presentation be noted; and
- The role of the Health and Wellbeing Board be clarified for when the Strategy comes back for approval.

b Inequalities Strategy Refresh

Jon Hobday, Director of Public Health, presented the report detailing the strategic framework regarding health inequalities. It was noted that this reflected the current ways of working but was providing a stronger strategic focus. Jon outlined the four strategic priorities, governance and delivery routes, and success measures.

In response to questions it was noted that the strategy was directly informed by the JSNA, with the latter providing the background and insight into contributing factors and

shaping the subsequent responses. The Board noted the value of detailed and geographically specific data, with specific regards to the GM Scrutiny work and the Indices of Deprivation, and how this was reflected in the close working with Integrated Neighbourhood Teams as well as the Early Years work.

With regards to whether the strategy was broad enough to reflect the flow into services and levels of independent living, it was agreed that officers would review the detail of the outcomes framework which sits behind the strategy outside the meeting and assess whether any further measures should be introduced regarding reduction in demand.

It was agreed that:

Subject to the further discussion outside the meeting, the Bury Health Inequalities Strategy by approved.

HWB.161 The operation of the health and care system

a BCF Submission

Adrian Crook, Director of Community Commissioning, presented the report which outlined the Better Care Fund submission for this year and the End of Year reporting for 2025/26.

The Board noted the 2026/27 submission met all national conditions and goals were reasonable and achievable. There had been changes as to which services were included, but it was noted the BCF had increased to £41,619,152. The full list of removals and inclusions was outlined in the report, and GM ICB Finance had confirmed those schemes removed will continue to be funded outside of BCF funding. The Board noted that Bury's BCF was well aligned with emerging government priorities

With regards to the 2025/26 End of Year report, this was received positively with all 3 metrics on track to meet goals. Emergency admissions for ages 65+ Bury had performed well, being lower than regional, national and peer group levels, however average days for discharge ready date to date of discharge showed higher than regional, national and peer group levels, as did long-term admissions to residential care/nursing homes.

It was agreed that:

The report be noted.

HWB.162 Behaviour and lifestyle determinants of health

a Food and Health Update

Francesca Vale, Public Health Practitioner (Food and Health), gave a presentation detailing Bury's Food Strategy, Food Partnership, Bury Schools Catering and the ambition for gold Sustainable Food Places standard. The Board welcomed the positive report, praising the whole-system partnership approach and the impact on obesity

levels. It was noted that Bury had been chosen as an area for excellence, with officers making representations in parliament and being chosen for DEFRA working groups. Bury was the only LA caterer to receive a gold FFLSH (Food for Life Served Here) standard, and had achieved a significant amount of progress in a short space of time.

In response to questions, it was noted that challenges continued, such as food inflation and fuel costs, as well as Multi Academy Trusts choosing other providers resulting in groups of schools not receiving this standard. Breakfast clubs were an area for further work, though changes in national guidance might have a positive impact on raising food standards and therefore raising buy-in with Bury Schools Catering. In response to further questions, it was noted that school menus were visible to parents and conversations were held directly with parents with regards to any allergies or food sensitivities. Councillors requested a list of schools not engaging with Bury Schools Catering, and Francesca undertook to provide this and to look at dietetics support.

The Chair thanked Francesca, Andrew Cowan, and their colleagues for the fantastic work they were doing and for their high ambitions.

It was agreed that:

The report be noted.

HWB.163 The effect of place and community on health and wellbeing

a Mental Health and Wellbeing Update

Ian Trafford, Head of Programmes Bury IDC, gave a presentation detailing key developments in both Children and Adults services which were commissioned and funded centrally in GM. With regards to the strategy refresh, feedback from residents and partners highlighted need for:

- Earlier help and easier access;
- More therapy options;
- Better support for: Neurodiverse people, Black and Asian communities, and Young adults (18–25);
- Improved coordination between services;
- Better communication of available support; and
- More consistent and sustainable provision.

Ian detailed the resulting strategic priorities, and advised that at a high level, these were to improve quality and coordination of what already exists, addressing gaps in provision and Wider Determinants (housing, employment, social factors), and ensuring earlier and better access to community based support (both low-level and crisis relief).

Jim McGlynn, Public Health Practitioner (Mental Health and Well-Being) gave a presentation on mental health work in Bury, highlighting the importance of evidence-based practice to understand inequalities and priority areas. The Board noted the work of the Coping and Thriving group, including a communications and action plan, Mental Health mapping exercise inc. CYP specific mapping, podcasts, military veterans offer, active practices, and training offers. Jim also spoke to the suicide prevention work, including last year's conference and the aim to host another in October 2026 specifically around children and young people. Quarterly stakeholder meetings were

held, as well as an annual vigil led by The Big Fandango. The Suicide Prevention Jigsaw described the support on hand from partners in Bury, and a biannual Suicide Audit was undertaken locally. A new group for neurodivergent children had been set up, and partnership work with BIG was underway with suicide survivors.

It was agreed that this topic merited further discussion than there was time for at this meeting, and that it be revisited at a future meeting when the Bury Mental Health Strategy was brought for endorsement.

It was agreed that:

The reports be noted, and the topic be revisited at a future meeting.

HWB.164 Urgent Business

There was no urgent business.

COUNCILLOR T Tariq
Chair

(Note: The meeting started at 4.35 pm and ended at 6.38 pm)

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Bury Health & Wellbeing Board
3rd September 2026

Update from Bury Community Safety Partnership

Recap of governance & strategy

- Bury Community Safety Partnership
  - Meets every 2 months
  - Co-chaired by District Commander (Chief Supt) of GMP Bury and Executive Director of Strategy and Transformation, Bury Council
  - Mutual connectivity with Bury Safeguarding Ecosystem
  - Received Domestic Abuse Related Death Reports where reviews carried out
  - Connectivity to GM Police & Crime Leads and GM Standing Together Police, Fire and Crime workstreams/ plans
  - 5 priorities alongside cross-cutting activity and enabling activity through wider public service reform

LET'S do it!
Shared success across Bury

Tackling offences against children

- Lead: Det. Supt Gareth Jenkins/ Jeanette Richards
- Refresh of Complex Safeguarding Strategy informed by GM Child Sexual Exploitation problem profile. Whilst Bury is not among the highest-volume districts for overall CSE offending, focus remains on addressing vulnerabilities and pursuing perpetrators, including focus on child-on-child CSE.
- As part of reprofiling of activity in Safeguarding Children's Partnership, this work now under priority of Harms Outside the Home; but also includes alignment with partnership activity on neglect
- Activity focusing on transitional safeguarding, with an initial focus on East Bury.

LET'S do it!
Shared success across Bury

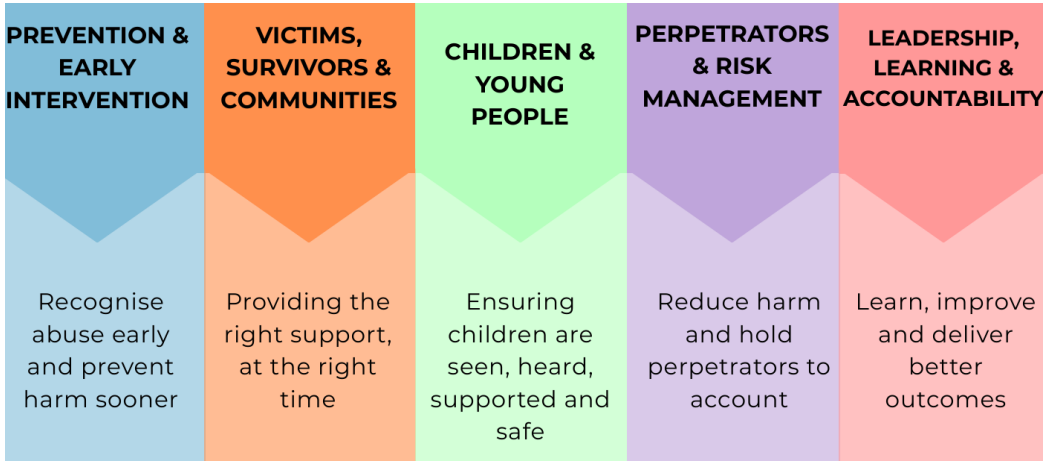
Serious Violence

- Lead: Supt. Phil Spurgeon (GMP)
- Review of Bury Serious Violence Strategic Needs Assessment underway, working with GM Violence Reduction Unit
- Bury rates of all violence offences remain consistently lower than GM average.
- Home Office Knife Crime Concentrations Fund- Bury town centre in Tier 3 response – locally led partnership problem solving approach, hotspot patrolling and partnership working.
- Bury knife crime delivery plan has been developed by Chief Inspector (Operations). 4P plan includes targeted activity to improve crime outcomes, target habitual knife carriers, target hotspots, improve 'Golden Hour' opportunities for knife crime incidents, increase use of civil orders including Criminal behaviour Orders, and strengthen partnership working.
- Bury violence plan developed by Chief Inspector (Partnership) Andy Wright. Aims to drive outcomes through investigation standards, prosecution file quality, evidence-led prosecutions, better Victim Code compliance, out of court and problem-solving disposals and CPD.
- GMP Op SKYHARBOUR is targeting those ordering prohibited weapons and selling them online. National Knife Crime Coordination Centre is also working with market sellers.
- Op SCEPTRE week of action 18th – 25 May 2026. GM-wide activity in support of the national week of action. Partnership work with retailers, Trading Standards and police cadets saw test purchase operations. Bury activity included weapons sweeps, school inputs, enhanced Metrolink patrols, community engagement around bleed kit locations, visits with partners to knife retailers and arrest activity for those wanted for weapons matters. Bury figures: 8 arrests, 16 hotspots attended by a total of 74 officer. Support from 3 partners. 12 Weapons sweeps with 4 weapons recovered. 4 retailer visits.
- Working alongside Youth Justice Review.

LET'S do it!
Shared success across Bury

Domestic Abuse

- Lead: Will Blandamer (Bury Council/ NHS GM Bury)
- New DA lead with Strategic Partnerships Team – Lily Blundell
- Development of new Domestic Abuse Strategy for the Borough
  - Mission :To work together, across the whole partnership, to prevent domestic abuse, protect victims, survivors and families, hold perpetrators to account - so that Bury residents are heard, supported and safe.
  - Vision: We want to see Bury become a borough where domestic abuse is recognised early, responded to consistently, and where victims, survivors and children are heard, supported and never left to navigate the system alone
  - Approach:
  - Together, we will:
    - Use data and insight to identify risk and target prevention earlier
    - Ensure clear pathways to support at every level of need
    - Listen to and act on the voices of victims, survivors, children and communities



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Shared success across Bury

Domestic Abuse

- Renewed focus on data with tiered approach
  - Core data return:
    - Demand (GMP data and repeat victims/perpetrators/addresses)
    - Risk (MARAC & MATAC activity, ward hotspots)
    - Impact & Outcomes (children affected, victim outcomes, survivor voice)
    - Robust demographic information
  - Thematic deep dive (changes each meeting based off DAPB feedback/themes identified in dataset)
  - Wider dataset for partners to access as required

- Domestic Abuse Related Death Reviews – learning/ key themes

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DARDR Key Themes by Neighbourhood - Overview:

Bury: Drugs, Alcohol, Mental Health (Anxiety), Violence

Radcliffe: Dataset too small

Whitefield: Alcohol, Mental Health, wider Violence. Type of Abuse: Partner to Partner

Ramsbottom: Multiple perpetrators, Neglect. Type of Abuse: Adult Child to Parent Abuse

Prestwich: Dataset too small

Other/Cross-Border: Alcohol, Drugs, Open to Achieve, Anxiety, Low Mood, Self-Harm, Neurodiversity, Violence, Multiple Perpetrators, Children Removed , Age: 30-39

Bury Council

Inclusive Communities

- Lead: Helen Tomlinson (Bury VCFA)
- Recovery to Resilience – corralling activity which has taken place through cohesion roundtables; activity post Yom Kippur terrorist attack; and connecting to LETS Delivery tackling underlying inequalities (and associated grievances)
- Co-produce medium term framework in the meantime – place based programme with Belong to shape a local framework which delivers against national *Protecting What Matters* national social cohesion strategy but bespoke for Bury's communities and neighbourhoods
- Community capacity and connectivity – strengthening local communities of identity, experience and place, increasing power and resources within these, and improved methods for dialogue with and between these communities.
- Capability, cultural competence and confidence – training and development opportunities and expectations for staff including senior leads.
- Embedding anti-racist principles, policies and practice within all that we do as a Bury 'default'
- Enhanced Greater Manchester work on community sentiment and tensions tracking

LET'S do it!
Shared success across Bury

Inclusive Communities

- Operation WILDSTONE and protective security approaches; engagement prior to upcoming High Holy Days

- Women & Girls Commission as localised response to national Violence Against Women & Girls Strategy

LET'S do it!
Shared success across Bury

Safe spaces and places

- Leads across different workstreams including GMFRS, Travelsafe and Local Authority

- Water Safety Partnership
  - Local delivery against GM Water Safety Partnership
  - Water Safety messaging campaigns – targeted/ tailored promotion of core materials by audience.
  - Focus on protection (infrastructure); information (communication) and education

- Vision Zero Partnership
  - Safe Streets / Safe Road Users/ Safe Speeds/ Safe vehicles/ Post-crash response

- Be Moor Aware – fire safety campaigns

LET'S do it!
Shared success across Bury

Safe spaces and places

- CONTEST
  - Prevent – Safeguarding Against Hateful Extremism
    - Tiered training programme : prevent-training-programme-bury-council-june-2026.pdf
    - Reducing Permissive Environments: Prevent - Venue hire guidance - Bury Council
    - Awareness and referrals: Prevent - Bury Council
    - Reviewing learning from Southport Inquiry Phase 1 (next slide)
  - Prepare & Protect
    - Martyn's Law Implementation including training, exercising and preparedness.

LET'S do it! Shared success across Bury

Southport Inquiry findings

- The Government has accepted all 67 recommendations arising from Phase 1 of the Southport Inquiry and has committed to implementing all recommendations directed at central government.
- The Home Office will coordinate delivery across departments and report progress ahead of Phase 2 in Spring 2027.
- The Inquiry concluded that the Southport attack was foreseeable and preventable, identifying five systemic failures that are directly relevant to multi-agency safety and safeguarding governance, risk management, and escalation arrangements

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Shared success across Bury

Southport Inquiry findings

- **Absence of risk ownership**
  No single agency, nor any multi-agency forum, accepted responsibility for holding and managing the *overall* risk posed by the individual. Risk moved between systems but was never owned.
- **Critical failures in information sharing**
  Risk intelligence was fragmented, diluted, or lost entirely as it passed between safeguarding, education, health, community safety, and policing structures.
- **Misinterpretation of autism and behavioural presentation**
  Behaviours that indicated escalating risk were minimised or excused, rather than assessed and managed, due to misunderstanding of neurodiversity.
- **Failure to oversee online behaviours**
  Clear indicators of fixation and escalating violent ideation in online spaces were not brought into multi-agency risk assessment.
- **Weak escalation and challenge**
  Concerns were repeatedly referred between agencies and panels without decisive, accountable multi-agency action.

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Shared success across Bury

Southport Inquiry findings

- **Extreme Violence and Public Protection** The Government has established a new taskforce focused on non-ideological extreme violence, examining ownership of risk, information sharing, early intervention, online influences, and effective multi-agency responses. It has also announced plans to create a new offence of planning a mass casualty attack.
- **Prevent and Counter-Terrorism** Key reforms include stronger processes for repeat Prevent referrals, a new Prevent Assessment Framework, enhanced training for Counter Terrorism Policing staff, improved capability to assess online activity, stronger information-sharing arrangements when Prevent cases are closed, and clearer guidance that a fixed ideology is not required for a Prevent referral. A Prevent Practitioner Portal is also being developed.
- **Education and Safeguarding** Changes include stronger arrangements for transferring safeguarding information between schools, greater emphasis on sharing information about risks posed by pupils to others, mandatory risk assessments where pupils have a history involving knives or serious violence, enhanced attendance monitoring, strengthened Prevent training, and greater involvement of education settings in multi-agency safeguarding arrangements.

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Shared success across Bury

Responding to Southport Inquiry Phase 1 locally

Self-assessment being undertaken by Bury Safeguarding Partnership Business Unit based to review local position on:

- Clearly defined lead arrangement for individuals who pose a serious risk to others but sit across safeguarding, mental health, education, and criminal justice systems?
- How arrangements support a cumulative, longitudinal view of behaviour
- How/ if repeat police call-outs, school concerns, safeguarding contacts, online activity, and family context routinely drawn together
- Degree to which local may/ maynot concentrate on eligibility thresholds rather than professional judgement and curiosity
- Mechanisms to hold non-statutory but high-risk casesAre safeguarding and community safety assessments trauma-informed but also risk-focused?
- Management of complex individuals must across both partnerships (ie rather than fall in the gaps between them)

Previous meetings/ future agenda items

- May 2026
  - DHR Marie
  - Pioneer Mill (Safe Spaces)
  - Increase in national terror threat level
  - Antisocial Behaviour and summer readiness

- July 2026
  - DHRs - Marie D/ Tonderayai
  - CSP contributing to LETS Delivery – Economic Inactivity
  - Community Sentiment and tensions tracking
  - Young Futures Hub

- September 2026
  - Sentencing reforms
  - High Street Organised Crime Unit programme

LET'S do it!
Shared success across Bury

Community Safety in context of Public Service Reform

- Place based, partnership problem solving – building on Op VARDAR
- Commitments through Neighbourhood policing including connectivity into Live Well spaces
- Targeted collaborative activity on identified cohorts of risk
- Maximising community assets including the new Whitefield Community Fire Station
- Empowering community-led responses, including through Standing Together investment into VCFSE

LET'S do it!
Shared success across Bury

Community Safety in context of Public Service Reform

- Internal delivered / commissioned learning routed through BSP Learning & Development subgroup: [Learning & Development - Bury Safeguarding Partnership]

- Wider learning opportunities including Safety Advice for Everyone by Community Security Trust:
  - •September 8th at 10am, A Practical Walk Through Martyn's Law (Martyn's Law with an emphasis on Standard Duty Premises)
  - •September 16th at 6pm, Women's Safety (useful tips to keep you safe)
  - •September 24th at 1pm, Lone Actors (the threat of mixed, unstable and unknown ideologies)
  - •Future sessions on exploring the far right; hate crime and incels

  https://events.zoom.us/eo/AiMZc0RzletAMSzwOhVnGB5kjMCxcl3lY5p1WXT-9J2FJjr6sdw_~AggLXsr32QYFjq8BlYLZ5l06Dg

LET'S do it! Shared success across Bury

Bury Health and Wellbeing Board
3rd September 2026

Update on Public Service Reform

Bury's Public Service Reform Journey

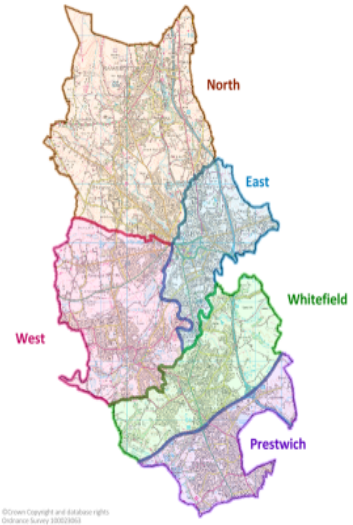
The public service reform programme in Bury has had 2 main strands for 5 years:

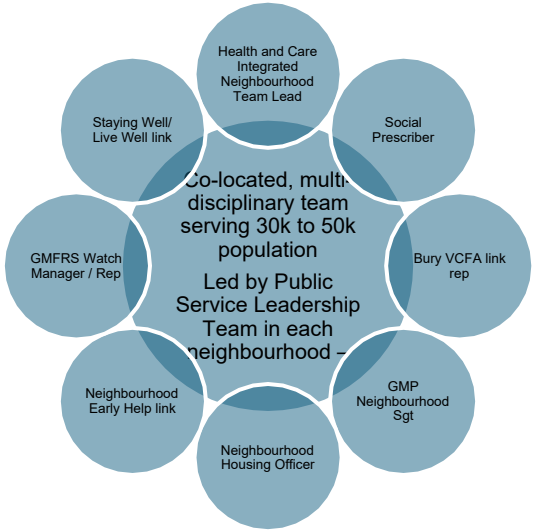
- Driving a model of neighbourhood team working in each of Bury's 5 neighbourhoods – creating the conditions and practicalities for front line staff at place to know each other, work more effectively together, and have a shared understanding of the strengths and risks of the local places and communities.

- To change the nature of public service delivery to one that works with, supports and invests in the strengths based relationship with people and communities

This is delivering on Bury's LET's Do It strategy in both the 'what' we do and 'how' we do it – as shown in the next slide

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





Partnership identification of cohorts of risk

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Tailor integrated responses to address; with increased focus on prevention

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Collaborative whole-system, 'team around' delivery 'with' targeted communities

Improved 7 LETS Outcomes in each neighbourhood

Reduced inequality in outcome

Improved health, wealth and wellbeing

Reduced demand on acute and crisis-Based Services

Improved relationships

Faster than average economic growth

Whole-system; whole place approach to maximise opportunities & connectivity of local people to these

Local

- Concentration around five agreed neighbourhoods – connecting local residents; local practitioners; local assets
- Identification of localised cohorts of risk and vulnerability with local practitioners working differently on a multiagency basis
- Identification, targeting and tackling of inequalities (health, social, economic)
- Community led (communities intersecting of place, identity and experience)
- Maximising connectivity and maturity of working in GM system whilst delivering distinctly by respective neighbourhoods

Enterprising

- Innovative approaches to targeted prevention and earlier early intervention (avoiding high cost interventions with poor outcomes)
- Bringing population health and physical place shaping together (people and places) to create condition for 'good lives'
- Positive risk taking to be creative, including maximising use of new technologies
- Relentless focus to remove, reduce, delay acute and crisis demand
- Shift in power as close to those affected by decisions [nothing about you without you]
- Tailor approaches recognising spectrum of need/ support offer – not one size fits all in separate silos

Reducing deprivation and inequality

Co-ordinated; targeted activity to address root causes and drivers of inequality/ barriers to life chances

Together

- Partnership, integration; collaboration – but not necessarily in a single base – maximising opportunities for practitioners/ people to come together effectively
- Person centred with 'Team Around' approach – more cohesive; less siloed.
- Having a shared understanding of collective place (communities and their strengths)
- Broader and more consistent neighbourhood framework – single 'neighbourhood' lens
- Joined up dialogue with communities
- Alignment of resources
- Integrating 'integrated' support – health, housing, employment

Strengths

- Empowered communities supporting their resilience and creating conditions to thrive
- Strong VCFSE including infrastructure – local MOU building on VCFSE accord (ahead of national Civil Society covenant)
- Asset based, considering the whole person/ family and their networks
- Further develop relationships between professionals and communities; develop trust and place leadership
- Further develops insight and dialogues to improve inclusion
- Learning culture for further improvements
- Focus on what people can do, and their abilities, rather than benefit types; sanctions; waiting lists

4 Elements of our neighbourhood model

1. Integrated Adult Health and Care Teams (INTS) - including co-located District Nursing and ASC Teams with an aligned Neighbourhood mental health model and MDTs linked to every GP practice involving wider partners including Social the VCSE.

2. Neighbourhood Leadership Teams - (formerly public service leadership teams) bringing together those partners with an opportunity to contribute to the wider determinants of inequality - including housing, DWP, income maximization team, GMP, schools, live well services and others, and focused of cohorts of particular risk of harm reflective of the neighbourhood

3. Implementation of the GM Live Well model – public services and the VCSE working with local communities to create conditions for people to thrive, not just survive, removing barriers to opportunity and tackling health, social and economic inequalities.

4. Neighbourhood approaches to supporting children and families - Developing a model of family hubs, bringing a range of NHS, council and wider public services to support families with young children to ensure the best start in life.

Locality Plan priorities for integrated health & care

The Model of Neighbourhood working is also a cornstone of the Locality plan – the strategy for the health and care system in the Borough.

We work together across the Bury Integrated Care Partnership to :-	
1	Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas
2	Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention
3	Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care
4	Optimising Care in institutional settings and prioritising the key characteristics of reform

Public Service Leadership Teams

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

- Intention to integrate the 'integrated support' through a 'Team Around' approach. Includes housing engagement; health and care integrated leads; social prescribers; Live and Stay Well; police and fire neighbourhood leads; Family Help leads; public health; and voluntary sector infrastructure representatives

- Core features
  - Neighbourhood Profiles
  - Partnership identification of cohorts of risk
  - Collective insight of community assets/ opportunities to connect local people into

LET'S do it!
Shared success across Bury

Public Service Leadership Teams – what works well

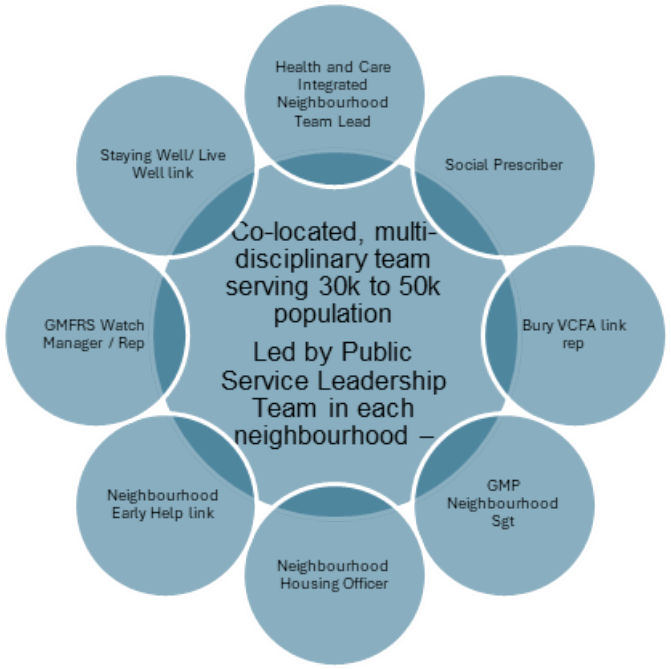
- Developing relationships across place-based colleagues who increasingly know each other and work in collaboration, eg work in Whitefield through Op VARDAR recognised by GMP awards as exemplar of partnership activity
- Increased place-based awareness / action of role of front-line colleagues on identifying and responding to susceptibilities – eg damp and mould/
- Increasingly partners identifying data/ insight to target activity and recognising the need for partnership approaches to address as looking at whole person/family/system
- Increased awareness of community assets and networks through getting out into neighbourhoods more
- Anchor points for partners, eg CABB neighbourhood sessions informed and in collaboration with PSLT input
- Teams that aren't necessarily place based being increasingly aware/ connected into specifics of neighbourhoods/ communities Wellness

Public Service Leadership Teams – opportunities

- Reaffirm consistent understanding of role/ remit/ function (recognising will look/feel slightly different given tailored to specifics of neighbourhood)
- Expansion into ‘Team Bury at Place’ style teams – across multiple sectors
- Distributed leadership of each PSLT to demonstrate genuinely ‘Team Bury’ constructs – as committed to through PSR Steering Group
- Reset/ articulate Children & Families inputs – recognising Best Start in Life/ Families First agenda, alongside education.
- Hardwire Place Department colleagues in to link through place-shaping opportunities (eg regen/ housing schemes) more explicitly
- Interest in utilising PSLTs to shape place-based conversations on GLD and DA repeats

Public Service Leadership Teams – Evolving membership and connectivity

Initial iterations of teams



Evolving developments

- Education including Early Years settings
- Broader housing providers
- Key regeneration/ economic development colleagues
- Commissioned services based on specific cohorts of risk identified
- Wellness colleagues
- Specific place based initiatives – eg Live Well/ Pride in Place

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Shared success across Bury

Children and Young People

Family Hub model to delivery Bury's Best Start Local Plan

- Ensuring every children has the best start in life through early identification and support
- Supporting families via parenting and home learning environment programmes
- Provide integrated support through our family hubs

Strategically:

- Seeking opportunities to bring services together
- Delivering through family hubs or within each neighbourhood as appropriate
- Focus on early identification and prevention with a proportionate universalism approach particularly around:
  - Parenting
  - Home Learning Environment
  - Supporting children with additional need
  - Early Years Foundation Stage Development

- East Bury Family Hub and Chesham Fold Best Start Family Hub…plus utilising space at Hoyle Maintained Nursery School for delivery and deliver from local parks and even a nursing home
- Whitefield – conversion of existing Whitefield Children's Centre and alignment to Live Well Centre
- Future years: Radcliffe including current Radcliffe Children's Centre, Bridge House and space within new Radcliffe Hub' Bury North and West Children's Centre for North; and utilising space within Jewel and Phoenix Centre within Prestwich

BEST START IN LIFE

Children and Young People

- Families First – Neighbourhood and Strengths Based Approach within Safeguarding Partnership Multi-Agency Response to Need

- Communities of Practice predicated on the 5 neighbourhood footprints is the foundation block of SEND reforms for schools – education, educational psychologist, broader health partners connected on neighbourhood footprint and connected into broader place based teams.

- Good level of Development risk cohort identification within neighhbourhoods

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Neighbourhood Team working – Live Well

Fourth component part of this work is the local implementation of the GM **Live Well** programme.

- On Sunday 16th August the flagship Whitefield Live Well Centre formally opened as a focal point for investing and connecting community assets in Besses and across Whitefield, along with new public service spaces in the neighbourhood (Whitefield Community Fire Station, uplands medical centre)
- We are connecting all the components of the new offer in Radcliffe - Radcliffe Hub, Radcliffe Primary Care Centre, Bridge Street, the Star Academy, existing community based assets such as the Growing Together Radcliffe Centre, and Pride in Place funding, to make a more consistent joined up offer
- We will commence a review of the Live Well opportunities in East Bury, Ramsbottom, and Prestwich
- Cross-referencing of hallmarks of Live Well spaces with Wellness offers locally eg Library specifications/ options
- Connectivity into VALOUR Programme – Live Well through the lens of Veterans & Armed Forces community.
- Live Well in Greater Manchester | Bury VCFA

Live Well
everyday support in every neighbourhood
together we are GREATER MANCHESTER

LET'S do it!
Shared success across Bury

Neighbourhood Team working – Live Well

Live Well
everyday support in every neighbourhood

Live Well
everyday support in every neighbourhood

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Furthering Neighbourhood working

We continue to strengthen the articulation of neighbourhood team working in each place:

- GMP have reconfirmed their commitment to the PSLTs and neighbourhood reform principles through delivery of the Neighbourhood Policing Approach. This includes greater partnership problem solving on an agile basis to address specific place based demand.

- Alignment of core community safety offers through such approaches to both target high volume and repeat demand, and community driven opportunities to address, eg targeted work on Domestic Abuse repeats and work with Bury VCFA to develop Alliance approach for Standing Together investment.

- Council services increasingly mapping more explicitly to the work of neighbourhood teams and identified opportunities for collaborate – including Staying Well Services; Customer Contact and Collections (Welfare support provision) and connectivity through the recently expanded Neighbourhub in conjunction with DWP.

- The Neighbourhub, which has recently located to a larger premise provides a collaborative space for support on employment, skills, digital access and wellbeing. It includes access to Ingenus employment support; Growth Company training; in work progression; welfare support; and Bury Care Academy.

Strengths based approach to people and communities

- LET's Do It! in action centres around different relationships with people and communities.

- Embedding
- Strengths based documentation and processes to enable different, person-centred conversations rather than rigid 'assessment'

- Ward level neighbourhood placements providing detailed information on strengths and assets of communities have been developed, to increase mutual awareness and connectivity.

- Commitment to local VCFSE through local MoU to enhance recently refreshed VCFSE Accord and investment in Local Infrastructure provision. Local MOU focuses on:
    - Embedding the importance of the VCFSE sector to support co-design and co-production
    - Ensuring that the voice of the VCFSE sector and local communities is heard and valued in strategic governance
    - Ensuring a financially resilient VCFSE sector
    - Shared ambition for One Workforce – training/ coaching/ mentoring
    - Embedding social value

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Demand Management/ Prevention Strategy

There is a recognition to further sharpen the delivery of reform approaches through a more integrated and compelling demand management strategy - articulating the work we need to do and the focus on those areas most likely to secure demand reduction.

There are two elements to this work currently:

- Work with Impower - in parallel to the work on strategic commissioning - to identify cohorts of financial opportunity where an early intervention would have avoided greatest public cost. This is being progressed currently with workshop being developed in January

- The identification of 10 principles of demand reduction that we should purse

Demand Management/ Prevention Strategy

Co-production with people and communities	Neighbourhood Working	Recognise, Celebrate and Invest in the VCFSE sector	Build on Community Assets and Strengths
Proactive Identification of people and families at risk	A single source of information about support and assets	Making Every Contact Count	Commissioning for Independence
	Support to unpaid carers	Technology Enabled Care and Support for Independence	

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Shared success across Bury

Demand Management/ Prevention Strategy

Co-production with people and communities

- Strengthened co-production processes in adults, and in children's particularly on the SEND agenda
- Lived Experience and Community Voice, including through dedicated subgroup of Adult Safeguarding Board
- Children and Young People VCFSE forum revitalised through Bury VCFA

Recognise, Celebrate and Invest in the VCFSE sector

- Anchoring Cohesion work and investment through VCFA, building of Live Well co-leadership
- LET's Value Volunteering and Bury Fund celebration events
- Updated Volunteering Strategy for the Borough
- Opportunity to further connectivity through Faith & Belief Covenant

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Demand Management/ Prevention Strategy

Proactive Identification of people and families at risk

- Risk stratification processes in place for Good level of Development (school readiness) by neighbourhood and ward
- Partnership identification of specific cohorts of risk in each neighbourhood bringing together data, insight of households presenting more prevalent and highest intensity of demand

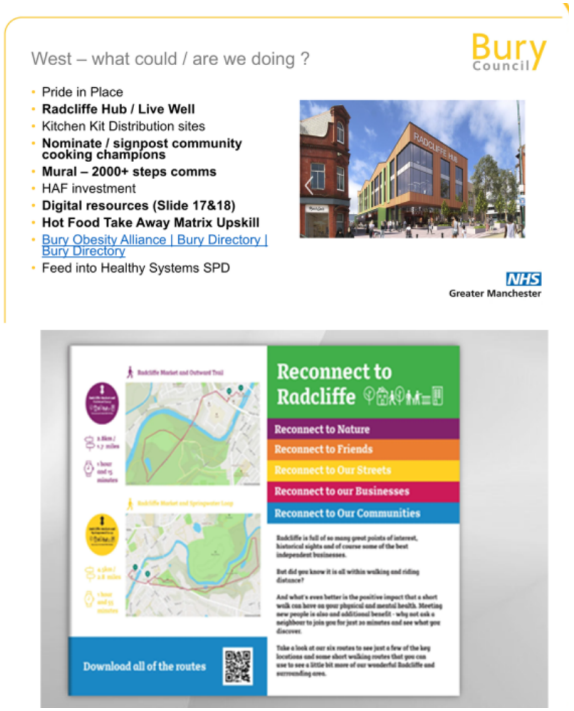
West

Young people experiencing obesity
48% of CYP in Year 6 in Radcliffe West are classified as overweight or obese

- Lee Buggie producing a West Obesity Dashboard
- Tailored local promotion of Weight Management materials Weight Management | Bury Directory
- Targeted engagement of Active Practice Active Practice | Bury Directory
- Resources to support active travel initiatives in West, and we have several West Schools registered as LETS Get Bury Active Schools (Think Dr Bike, Daily Mile, Walking Buses etc)
- LETS Live Well & Cook Well Grant – Live Well x Public Health campaign for up to 10 community groups, the idea fundamentally is around communities taking a lead on cooking courses for families / communities: Let's Live Well & Cook Well | Bury VCFA
- Obesity • Untitled map / Untitled view • Kumu

- Alignment with Bury Obesity Alliance but through the lens of Radcliffe.
- Identified opportunities to work with local groups on a Junior Park Run offer
- Public Health working on a wider piece of work with primary care around Obesity referrals / but also with Bury Live Well around family Weight management support so these are in the pipeline
- Connectivity to Radcliffe based HAF activity

- In development –Public Health liaising with education as to whether specific school breakdown of data available to further target interventions – in particular to target Teach Active Greater Manchester Moving - 'Let's Get Bury Moving with Teach Active'



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Shared success across Bury

Demand Management/ Prevention Strategy

A single source of information about support and assets

- Beebot tool in development through work with Children and Families; proposal being explored for roll out to all other services. Proof of concept launch due November 2026
- Opportunity to align with other web-based tools to increase awareness and connectivity of place-based support

NHS
Greater Manchester Mental Health
NHS Foundation Trust

Achieve Bury

Drug and Alcohol, Treatment and Recovery Services

Achieve Bury, Star Suite, Second Floor, Radcliffe Primary Care Centre, 69 Church Street West, M26 2SP

Achieve provide drug and alcohol treatment and recovery services to individuals, families and communities.

Achieve focus on delivering innovative and high performing substance use treatment and recovery with our partners using a proven approach that will promptly identify and support people affected by alcohol or drug use into appropriate treatment. We are committed to improving health and social outcomes for service users and families allowing more people to make a meaningful recovery from drug and alcohol use.

If you looking for support regarding your substance use issues, you can refer yourself to Achieve Bury:

Phone 0161 271 0020

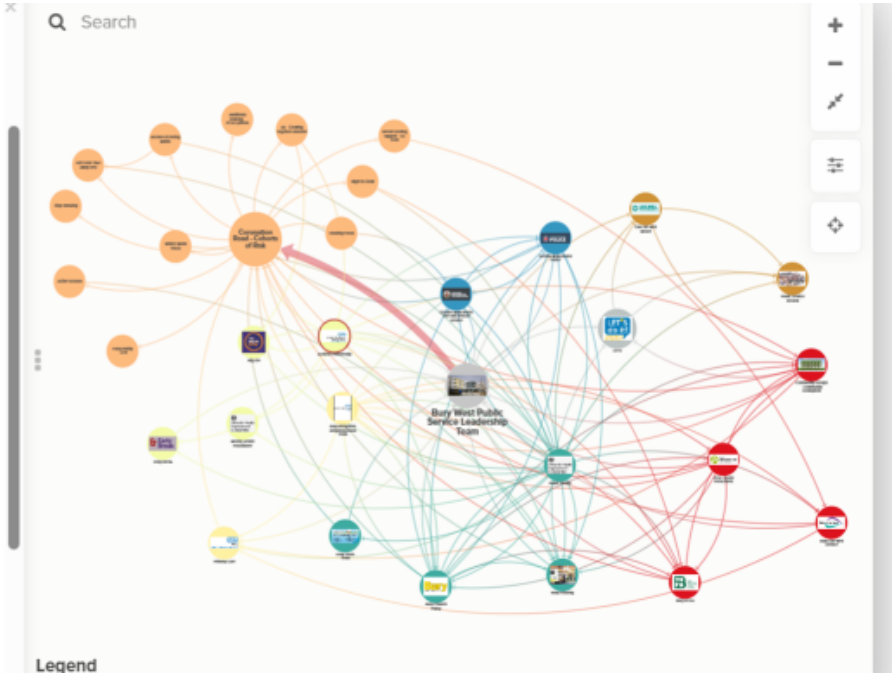
Visit Achieve Reception at Radcliffe Primary Care Centre

Email achieve.referrals@gmmh.nhs.uk.

Referral form available at https://www.gmmh.nhs.uk/achieve-bury

GPs and other health professionals can also refer individuals to us via these contact details.

Support is also available for family members and others affected by someone else's substance use, contact details as above.



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Demand Management/ Prevention Strategy

Build on Community Assets and Strengths

- Brokerage of opportunities to connect into anchor buildings and networks at place
- Place Based ‘Connector’ meetings and emerging Spaces of Hope
- Work to more clearly articulate neighbourhood estate offer to consistently detail anchor spaces for people to come together in

Make Every Contact Count – Prevent/ Reduce/ Delay

- Build confidence, information and pathways to maximise every interaction with residents to advise, connect, support and promote prevention offers and reduce escalation.
- Build on examples of Bury Essential Parent app and padlets supporting specific wellbeing topics

LET'S do it!
Shared success across Bury

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Bury Council

Briefing Paper for Bury Health and Wellbeing Board

Childhood Obesity in Bury: A Whole System Approach

Lee Buggie: Public Health Specialist

Decision: Information Only

Purpose

This briefing provides an overview of childhood obesity in Bury, highlights the significant inequalities that underpin current trends, and outlines the positive action being taken through the Bury Obesity Alliance and wider partnership arrangements to address unhealthy weight through a whole system approach.

Executive Summary

Childhood obesity remains one of the most significant public health challenges facing Bury. Whilst obesity prevalence has remained relatively stable in recent years, early National Childhood Measurement Programme (NCMP) is showing that excess weight continues to increase across both Reception and Year 6 pupils, with the greatest burden falling on children living in more deprived communities. Local data shows that some wards have rates of overweight and obesity approaching 48% amongst Year 6 children.

Importantly, childhood obesity is not simply an issue of individual behaviour or personal choice. The evidence increasingly demonstrates that unhealthy weight is shaped by wider social, environmental and commercial factors including poverty, food affordability, access to healthy foods, marketing exposure, planning decisions, transport systems and opportunities for physical activity.

In response, Bury has established a multi-agency Obesity Alliance and adopted a whole systems approach that seeks to influence the environments in which children and families live, learn, travel and play. Significant progress has already been made across schools, early years settings, planning policy, active travel, community engagement and neighbourhood partnerships.

The challenge remains substantial, but Bury is building strong foundations for long-term, sustainable change.

The Current Picture in Bury

Early snippets of the National Child Measurement Programme (NCMP) data highlights a continuing concern regarding childhood excess weight:

- Reception excess weight has increased from 22.1% to 23.9%.
- Year 6 excess weight has increased from 38.8% to 39.6%.
- Healthy weight prevalence continues to decline across both age groups.
- Some neighbourhoods experience significantly higher rates than the Bury average.

These findings suggest weight gain accumulates throughout childhood and reinforces the importance of intervention across the life course, from early years through to adolescence.

Childhood Obesity is an Inequalities Issue

Childhood obesity is one of the clearest examples of health inequality.

National evidence consistently demonstrates that children living in the most deprived communities experience obesity rates more than double those seen in the least deprived communities. Similar patterns are evident locally, with higher levels of excess weight concentrated in areas already experiencing wider social and economic disadvantage.

Several factors contribute to these inequalities:

Wider Determinants of Health

- Household income and food affordability.
- Access to green space and safe places to be active.
- Housing quality and neighbourhood environments.
- Educational attainment and health literacy.
- Access to affordable leisure opportunities.
- Availability of active travel infrastructure.
- Transport connectivity and mobility.

Commercial Determinants of Health

Commercial influences play a significant role in shaping behaviours and opportunities for children and families:

- High density of fast-food outlets in deprived neighbourhoods.
- Advertising and promotion of unhealthy food and drink products.
- Pricing strategies that make calorie-dense products more affordable than healthier alternatives.
- Digital and social media marketing targeting children and young people.
- Product placement and retail environments that encourage unhealthy purchasing decisions.

For many families, unhealthy environments can make healthy choices significantly harder to achieve.

Bury's Whole System Response

Recognising the complexity of childhood obesity, Bury has moved beyond individual behaviour change programmes and adopted a whole system approach involving partners across health, education, planning, transport, communities and local government.

The Bury Obesity Alliance

The Alliance brings together partners to coordinate activity, share intelligence and focus collective action on prevention and reducing inequalities.

A life-course approach has been established with risk cohorts identified across:

- 0 to 5 years
- 6 to 11 years

This enables interventions to be targeted at key points where they can have the greatest long-term impact.

Progress Achieved So Far

The partnership has already delivered several important system changes:

Schools and Physical Activity

- Teach Active introduced across 43 Bury primary schools.
- More than one-third of schools now registered with LET'S Get Bury Moving Schools.
- Development of the LET'S Get Bury Early Years Accreditation scheme.
- Creation of a Physical Development Pathway linked to Early Years outcomes and Good Level of Development measures.

Healthy Environments

- Formal adoption of Hot Food Takeaway restrictions through planning policy.
- Exploration of Healthy Advertising approaches across council assets.
- Increased focus on active neighbourhoods and active travel opportunities.

Community and Place-Based Action

- Public Service Leadership Teams engaged with childhood obesity as a standing agenda item.
- Development of Junior Parkrun opportunities in Whitefield and Bury West.
- Increasing emphasis on neighbourhood-based prevention and community engagement.

Health System Contribution

- NCMP intelligence shared with Primary Care Networks.
- Active Practice accreditation supporting primary care to promote physical activity and prevention.
- Review of NCMP pathways, communications and intervention opportunities.

What We Are Doing Next

The Obesity Alliance continues to strengthen the local evidence base and target action where inequalities are greatest.

Key areas of ongoing work include:

- Enhanced analysis linking NCMP data with school meals, free school meal eligibility, attainment and physical activity indicators.
- Continued development of place-based approaches in neighbourhoods with the highest burden of excess weight.
- Further exploration of healthy advertising policies.
- Strengthening active travel and active neighbourhood initiatives.
- Working with schools and education partners to create healthier school environments.
- Embedding obesity prevention within broader work on poverty, health inequalities and prevention.

Why This Matters for the Health and Wellbeing Board

The evidence suggests that the most effective actions are not isolated programmes but coordinated, long-term changes to local systems and environments.

The Health and Wellbeing Board has a critical leadership role in:

- Championing a whole system approach.
- Recognising childhood obesity as an inequalities issue.
- Supporting healthy food environment policies.
- Promoting active neighbourhoods and active travel.
- Influencing planning, regeneration and economic development decisions.
- Aligning partners around prevention and reducing health inequalities.

Key Board Message

Bury is taking positive and evidence-based action.

Through the Bury Obesity Alliance, partners are increasingly working together to create environments that support healthier choices for children and families. While rates of excess weight remain a concern, substantial progress has been made in establishing the foundations for long-term change through schools, planning policy, active travel, neighbourhood partnerships, primary care and community action.

Childhood obesity should be viewed as a system challenge driven by inequalities, wider determinants and commercial influences. By continuing to work collectively across organisations and communities, Bury can help ensure every child has the opportunity to grow up healthy, active and able to thrive.

Please find below for further information:

- 24-25 National Childhood Obesity Bury Data Pack: Childhood Obesity Trends in Bury 2025.p
- Bury Childhood Obesity Policy Simulator
- Bury Obesity Alliance landing page: Bury Obesity Alliance | Bury Directory | Bury Directory

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Childhood Obesity Review

Bury Health and Wellbeing Board (H&WB)

Lee Buggie
Bury Public Health

What was the ask from the H&W board ?

- 23-24 data sets presented to the H&W board last year
- Concerns around Year 6 (10–11-year-olds)
- Reception slight increase in overweight and obesity rates
- Some underweight concerns in reception
- **Inequalities, Deprivation, SEC, Ethnicity, Boys**
- **Some wards as high as 48%** Overweight and Obese in Year 6

Bury Council

What did we do ?

- **Obesity Alliance created & Cohorts of risk defined**:
  - 0-5 years
  - 6-11 years
- Teach Active in **43** Bury Primary Schools
- **Over a third** of Bury schools registered as LETS Get Bury Moving Schools
- Created a **LETS Get Bury Early Years Accreditation**
- Produced a **Physical Development Pathway** linked to Early Years and Good Level of Development (GLD)
- **Hot Food Take Away** restrictions formally adopted
- School Meals mapping

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Where are we now ?

Excess weight is increasing despite obesity remaining relatively stable.

- Reception: **22.1%** → **23.9%** & Year 6: **38.8%** → **39.6%**
- Healthy weight prevalence continues to decline: Reception: **76.4%** → **75.0% &** Year 6: **59.6%** → **59.1%**

The patterns are consistent with wider evidence that obesity is driven by **food environments, deprivation, affordability, marketing exposure and unequal opportunities for healthy living**, not simply individual choice. [thelancet]

Inequalities & The Strategic Issue:

- National NCMP data shows children in the **most deprived communities experience obesity rates** more than twice those of the least deprived communities. [digital.nhs.uk]
- Evidence shows childhood obesity **inequalities have continued to widen over time**, driven largely by socioeconomic disadvantage. [BMJ]
- **Fast-food outlets are disproportionately concentrated in more deprived neighbourhoods** and around schools, reinforcing unequal health outcomes. [bmjopen]

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What are we continuing to do:

- Review NCMP letters and provision / interventions linked to Essential Parent App
- Layering school meal catering, free school meals, school attainment and physical activity status to NCMP datasets
- Use a neighbourhood approach through - Public Service Leadership Teams (PSLT) engaged with childhood obesity a standing item on West and Whitefield Agenda's
  - Junior Park Run's for Whitefield and West
- Primary Care (West Neighbourhood) NCMP data sets forwarded to PCN leads and Active Practice Status achieved
- Healthy Advertising Policies
- Use simulator tools to understand the impact of key decisions:

  file:///C:/Users/l.buggie/Downloads/Bury_Childhood_Obesity_MonteCarlo_v2.html

Bury Council

Recommended HWB Board Ask

- **Treat childhood obesity as an inequalities issue** rather than solely a lifestyle issue and support further action on healthy food environments, planning policy, school food standards, healthy advertising and active neighbourhoods.

- **Key Message:** *The problem is not that children are making poor choices.* ***Evidence suggests many children are growing up in environments where healthy choices are increasingly difficult, particularly in our most deprived communities.*** *[thelancet], [BMJ]*

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Thank You / Q&A's

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