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:	Tuesday, 10 November 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 3rd September 2026 are attached.

5 MATTERS ARISING

6 PUBLIC SERVICE REFORM UPDATE STANDING ITEM *(Pages 11 - 20)*

Presentation attached

7 WIDER DETERMINANTS OF POPULATION HEALTH

a DRAFT HOMELESS STRATEGY UPDATE *(Pages 21 - 38)*

Report attached

8 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a BETTER CARE FUND Q2 REPORT *(Pages 39 - 46)*

Report Attached

b PUBLIC HEALTH ANNUAL REPORT *(Pages 47 - 120)*

Report and slides attached

9 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a GAMBLING WORKPLAN UPDATE *(Pages 121 - 130)*

Report and slides attached

10 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

a NEIGHBOURHOOD WORKING UPDATE

To follow

11 SECTION 75 DEED OF VARIATION IN RELATION TO THE BETTER CARE FUND *(Pages 131 - 134)*

To be noted

12 URGENT BUSINESS

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

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Agenda Item 4

Minutes of: **HEALTH and Wellbeing Board**

Date of Meeting: 3 September 2026

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

Also in attendance: Will Blandamer Executive Director Health and Adult Care
Jon Hobday Director of Public Health
Adrian Crook Director of Community Commissioning
Dr Kathy Fines
Jeanette Richards Executive Director Children and Young People
Lee Buggie Public Health Specialist
Chris Woodhouse Strategic Partnerships Manager
Ruth Passman Healthwatch Bury
Helen Tomlinson VCFA
Josh Ashworth Democratic Services

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

Apologies for Absence: Councillor A Arif

HWB.165 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.166 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HWB.167 PUBLIC QUESTION TIME

There were no public questions asked at the meeting.

HWB.168 MINUTES OF PREVIOUS MEETING

It was agreed:

That the minutes of the meeting held on 11th June 2026 be approved as a correct record.

HWB.169 MATTERS ARISING

There were no matters arising.

HWB.170 WIDER DETERMINANTS OF POPULATION HEALTH

a CRIME AND SAFETY UPDATE

Members received an update from officers on the work of the Community Safety Partnership (CSP), highlighting ongoing collaborative efforts between the Council, Greater Manchester

Police, health partners, housing providers and other agencies to address community safety concerns across Bury.

The update outlined progress against the Partnership's key priorities, including tackling anti-social behaviour, reducing crime and disorder, supporting vulnerable residents, addressing domestic abuse, and improving community confidence. Officers provided details of recent initiatives, partnership working arrangements and performance trends, noting areas of positive progress as well as ongoing challenges.

The Partnership continues to focus on prevention and early intervention, using intelligence-led approaches and targeted activity to respond to local issues. Members were advised of upcoming priorities and actions aimed at strengthening community safety outcomes and ensuring residents feel safe within their communities.

Dr Kathy Fines referred to the draft strategies and asked how CSP Boards identify and respond to issues where concerns are concentrated within a particular geographical area. Officers advised that the Partnership uses a place-based approach, drawing on intelligence and local data to identify hotspots and target resources where they are most needed. This enables partners to respond to issues affecting specific communities and locations.

Councillor Birchmore raised concerns regarding public confidence in the police and asked how partners can encourage residents to report incidents and engage with policing services. Officers acknowledged the challenge and explained that the Partnership works closely with Greater Manchester Police and community groups to build trust through engagement activities, visible neighbourhood policing, and promotion of reporting mechanisms. Encouraging residents to report concerns remains a key priority to ensure issues are identified and addressed effectively.

Councillor Tariq sought clarification on the relationship between the Public Service Reform (PSR) programme and the Community Safety Partnership, particularly regarding governance arrangements and training opportunities for colleagues. Officers explained that while the PSR and CSP boards have distinct responsibilities, there are areas of shared interest and partnership working. Training and development opportunities are made available to colleagues across relevant services to support collaborative working and strengthen understanding of each board's objectives and priorities.

It Was Agreed:

- The update be noted

b PUBLIC SERVICE REFORM STEERING GROUP UPDATE

Will Blandamer provided an update on the work of the Public Service Reform (PSR) Steering Group, highlighting the continued focus on developing a strengths-based approach across public services. The aim is to create a system where services are designed around residents' strengths, capabilities and community assets, making this the default way of working across partner organisations.

The PSR Board is focusing on four key elements of reform, with particular attention currently being given to support for older residents. It was noted that work relating to mental health is not yet consistently aligned across the system, and partners are exploring opportunities to strengthen collaboration and improve integration in this area.

The Steering Group will continue to progress these priorities and consider how a more consistent strengths-based approach can be embedded across all partner organisations.

Dr Fines asked how services could work more collaboratively to identify opportunities for more tailored and bespoke packages of support for residents, ensuring interventions are better aligned to individual needs.

Councillor Birchmore commented on the varying demographics across Bury West, noting significant differences between communities in areas such as educational attainment, age profiles and levels of deprivation. He referred to the contrast between areas such as Whitefield and Radcliffe and questioned how the neighbourhood approach would account for these local variations and differing needs.

In response, Will acknowledged that Bury West demonstrates how significant disparities can exist within relatively small geographical areas. He explained that the neighbourhood model is intended to strengthen local public service leadership and improve understanding of communities at a much more detailed level. This includes analysing information at Lower Super Output Area (LSOA) level to better understand factors such as economic inclusion, life expectancy and local need. He noted the importance of avoiding assumptions based solely on headline data and ensuring that services are designed around detailed local intelligence and community understanding.

Jeanette highlighted the Families First Partnership programme and its links to Public Service Reform. She advised that proposals relating to multi-agency working and resource allocation have been informed by detailed analysis and would be subject to consultation as part of a forthcoming restructure.

Jeanette also raised concerns regarding vulnerable women and families experiencing separation from their children. She noted an increase in recurrent care proceedings and court involvement and identified a gap in support available following separation. She suggested that Public Service Reform provides an opportunity to develop a more coordinated, preventative approach to supporting vulnerable women and families and proposed further discussions with the PSR Board on the issue.

Ruth Passman welcomed the principles of the approach but stressed the importance of ensuring information remains accurate and up to date. She queried how often the Bury Directory is reviewed and updated, noting that maintaining current information would provide greater confidence for residents and professionals using the service.

Jon acknowledged that keeping information up to date remains an ongoing challenge and advised that the accuracy of directory information is dependent upon organisations and service providers regularly updating their own entries.
Members requested that a future update on the development of Live Well be added to the Forward Plan, including information on its links with the Radcliffe Hub, Pride in Place initiatives and wider neighbourhood working arrangements.

In response, Will advised that the development of Live Well is closely connected to the work taking place through the Radcliffe Hub and Pride in Place programme. He added that the VCFA is currently mapping this work to better understand the connections between community assets, services and support networks.

It Was Agreed:

- That the update be noted.

- That a future update on the development and implementation of Live Well be added to the Committee's Forward Plan.

HWB.171 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a REVIEW OF HEALTH AND WELLBEING DATA

Jon Hobday Director of Public Health provided an update on population health data in Bury, highlighting key trends and outcomes across a range of health indicators. Members discussed the data presented and sought clarification on several areas.

Dr Fines welcomed the presentation and commented positively on the physical activity data, noting the strong performance shown within the borough. He queried how this success could be scaled further and sought greater understanding of the granularity of the data, particularly where some findings appeared counterintuitive against a backdrop of increasing poverty levels. Dr Fines emphasised the importance of understanding the underlying data and highlighted the significant role that nutrition plays alongside physical activity in improving health outcomes. He noted that the narrative behind the data was important in helping to explain the trends being observed.

Cllr Tariq challenged the findings presented and suggested that Bury's achievements in relation to population health may not always receive sufficient recognition. He commented that some of the outcomes appeared to compare favourably across Greater Manchester and felt there should be greater acknowledgement of the borough's performance.

It Was Agreed:

- The update be noted

HWB.172 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a OBESITY AND HEALTHY WEIGHT

Members received an update on childhood obesity, focusing on prevention, early intervention and the role of families, schools and the wider system in supporting healthier lifestyles for children and young people.

Officers advised that obesity levels had returned to around 60%, with families generally receptive to support. It was highlighted that intervention should begin in the early years, with a focus on supporting parents to establish healthy habits from a young age. Members discussed the importance of helping families develop knowledge and confidence around healthy diets, cooking skills and achieving the recommended 60 minutes of physical activity each day.

Jon Hobday Director of Public Health added that physical activity should be integrated into children's daily routines and not viewed solely as structured exercise. Whilst partners cannot control behaviours outside of school, there are opportunities within schools to promote healthier eating and active lifestyles.

Discussion highlighted the links between obesity and school readiness, noting that around a quarter of children are overweight by the time they start school. Members considered the opportunity to strengthen early years interventions through the parent app, Family Hubs, baby

clinics and weaning support, ensuring consistent messaging reaches families at the earliest possible stage.

Dr Fines commented that parents are often highly engaged with monitoring babies' weight and suggested there may be further opportunities to use these interactions to provide advice and support around healthy lifestyles.

Councillor Pilkington raised the relationship between obesity, mental health and wider family circumstances, questioning whether obesity can be linked to generational issues within families. It was also noted that children with SEND experience higher levels of obesity, with officers confirming there is a strong correlation and that tailored approaches are required.

Councillor Birchmore challenged perceptions that obesity is solely a lifestyle choice, highlighting the impact of food poverty, access to healthy food and the practical challenges faced by families. Members discussed how the time required to prepare healthy meals can be a significant barrier, particularly for single-parent households.

Councillor Tariq reflected on previous Early Years discussions and noted that childhood obesity can often be linked to wider underlying issues affecting families. It was suggested that addressing obesity should not be the responsibility of Public Health alone and that a broader whole-system approach is required. Members discussed the role of the Health and Wellbeing Board in providing challenge and encouraging partners across the system to do more collectively.

Councillor Pilkington suggested that a promotional campaign could be developed to encourage families to prioritise healthy lifestyles and recognise the long-term benefits of investing time in healthy eating and physical activity.
Councillor Hunt referred to the 30-hours childcare funding offer and queried what further support could be provided to families who opt out of food and consumable contributions within early years settings.

It was agreed that further work would be undertaken through the Early Years Team regarding families opting out of food and consumables in early years provision.

Jon also highlighted recent concerns regarding children who are educated outside of mainstream school settings, including home educated children, and emphasised the importance of ensuring this cohort is not overlooked when developing obesity prevention and support initiatives.

It Was Agreed

- The update be noted

HWB.173 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

HWB.174 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)

Bury Health and Wellbeing Board
10th November 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:

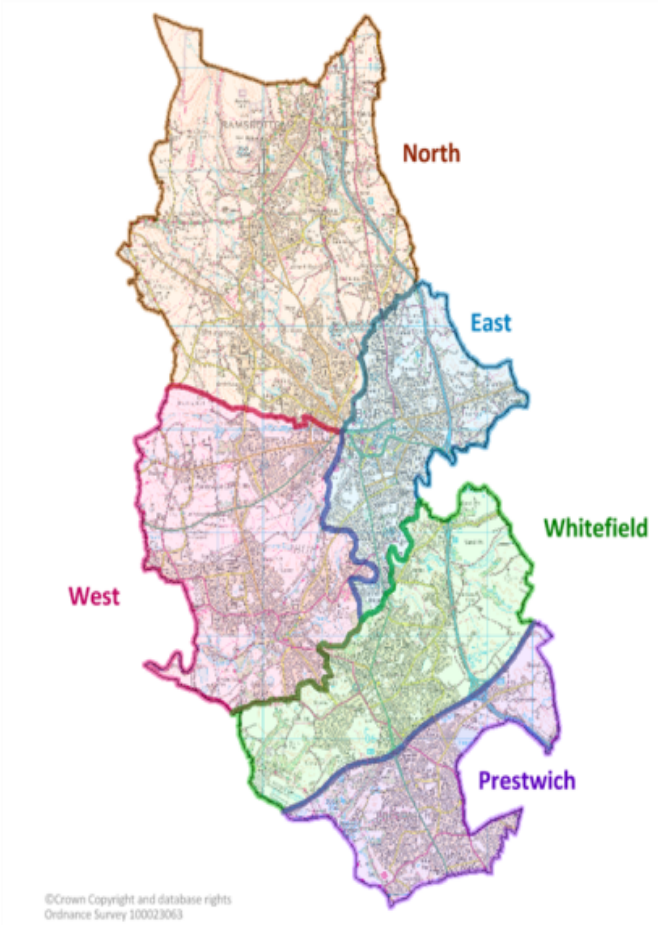
- Driving a model of neighbourhood team working in each of Bury's 5 neighbourhoods – creating the conditions and practicalities for front line staff at place to know each other, work more effectively together, and have a shared understanding of the strengths and risks of the local places and communities.

- 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

Substantive update provided to Health and Wellbeing Board in September.

Bury's Neighbourhoods



Neighbourhood	Council wards
North	Elton - North Manor - Ramsbottom - Tottington
East	Bury East – Moorside - Redvales
West	Bury West – Radcliffe East – Radcliffe North & Ainsworth – Radcliffe West
Whitefield	Besses – Pilkington Park – Unsworth
Prestwich	Holyrood – St. Mary's - Sedgley

LET'S do it!
Shared success across Bury

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.

Furthering the model

- Neighbourhood Leadership Team ‘reset’ in North and to take place in West Neighbourhood - Reaffirm consistent understanding of role/ remit/ function (recognising will look/feel slightly different given tailored to specifics of neighbourhood)

- Evolving engagement including education; broader housing providers (building on Onward Homes in East; specific place based initiatives, eg Pride in Place’ commissioned provision based on specific cohorts of risk.

- Review of Operations services within the Council from the perspective of neighbourhood model – greater place based co-ordination and alignment with LETS principles.

- Families First programme to strengthen Children & Families inputs – recognising Best Start in Life/ Families First agenda, alongside education.

- Increased focus and sharing of place based data – eg neighbourhood level referral day for Early Break on youth substance use; domestic abuse repeats

LET'S do it!
Shared success across Bury

Furthering the model

- Promotion of Live Well ‘hallmarks’ within Wellness offers locally eg Library specifications and alignment with new community assets opening such as Casewells and Radcliffe Hub.

- Work with Healthwatch Bury as local connectivity in GM VALOUR Partnership - Live Well through the lens of Veterans & Armed Forces community.

- Ongoing programme of events at Live Well Centre in Whitefield including over 100 residents visiting Delicious Vegilicious Cooking and Health Event with inputs from Whitefield Health visiting team; Creative Living Centre; Live Well Service; Family Hub colleagues; INT; School Nursing Team; Besses Together and Bury Adult Learning Service

- Recruitment underway to increase capacity to support the Best Start plan priorities and there will be opening of Whitefield Best Start Hub in the next few weeks after its refurbishment.

- Team Bury partnership meeting taking place at Live Well Centre later in the month including ‘marketstall’ of different components of the neighbourhood model and opportunities to further connect as we progress from *Plans to Places*

Strengths based approach to people and communities - Bury VCSE/Public Sector MoU

Commitment to local VCFSE through local MoU to enhance recently refreshed VCFSE Accord and investment in Local Infrastructure provision. Update recently provided to Locality Board

- ***Enablers and partnership working***: Partners highlighted progress in strengthening relationships and creating opportunities for collaborative working including:
  - Bury's contribution to the refresh of the Greater Manchester Accord.
  - Tender and commissioning training delivered to VCSE organisations.
  - Human Factor and prevention-focused conversations across the system.
  - Increased dialogue between VCSE and public sector leaders through roundtables and other partnership forums.

- ***Co-Design and co-production***: The MoU has supported greater collaboration in service design and system development, including:
  - IDC development session.
  - Joint leadership and development of the Bury Live Well Model.
  - Co-design of Live Well Spaces of Hope and Connection.

LET'S do it!
Shared success across Bury

Strengths based approach to people and communities - Bury VCSE/Public Sector MoU

- ***Voice and representation***
  - VCSE presence across most major public sector boards and partnerships (although this continues to be mainly led by Bury VCFA).
  - Contribution to the refresh of Let's Do It.
  - Development of the role of the VCSE Leadership Group as a strategic system partner.
  - relaunch of the VCSE Sector Children and Young People's Network.

- ***Financial Resilience***: Whilst recognising that financial pressures continue across all sectors, partners highlighted several positive developments:
  - Ongoing Bury Council financial commitment to the Bury Fund.
  - Increased use of grant funding approaches through the Bury Fund, including work linked to skills and MHCLG funding opportunities.
  - Launch of the Bury Suppliers List and new Procurement Framework.
  - Positive engagement around future SEND, family advocacy and HIU commissioning opportunities

LET'S do it!
Shared success across Bury

Strengths based approach to people and communities - Bury VCSE/Public Sector MoU

- ***Our People:*** Activity has also focused on strengthening workforce and volunteering infrastructure through:
  - Refresh of the Volunteer Strategy.
  - Delivery of a trauma-informed training pilot and exploration of external supervision opportunities for practitioners (paid an unpaid) in the VCSE sector.
  - Delivery of two rounds of the Let's Value Volunteers funding programme..

Strengths based approach to people and communities - Bury VCSE/Public Sector MoU

Reflections and development opportunities

- One of the key reflections from the first year is that many of the benefits of the MoU have been experienced at leadership and system-partnership level rather than by VCSE organisations more broadly. In particular, smaller VCSE groups may not yet recognise a direct impact on their ability to influence decisions, access resources or sustain their services. This raises an important question for partners about how the commitments within the MoU are translated into meaningful change across the wider VCSE ecosystem rather than primarily benefitting those organisations already engaged in strategic forums.

- A system-wide approach to workforce support, including access to external supervision, trauma-informed support and wellbeing provision, could help strengthen resilience, retain skilled staff and volunteers, and ensure the VCSE sector remains able to play its vital role in prevention and community support.

- To reaffirm collective commitment and joint ownership to the principles and ambitions of the Bury VCSE/Public Sector MoU.

- Identify specific actions that each partner organisation can take over the next 12 months to strengthen partnership working, co-production and VCSE influence within decision-making, actively considering VCSE sector involvement at the earliest stages of service design

LET'S do it!
Shared success across Bury

Agenda Item 7a

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	10TH November 2026
Title of report:	Bury Homeless Strategy 2026 – 2029 and action plan 2026-2027
Report by:	Amanda Mullen
Decision Type:	**Decision**
Ward(s) to which report relates	**ALL**

Executive Summary:

The purpose of this report is to present the draft Homelessness Strategy 2026-2029 and accompanying Action Plan for consideration by the Health and Wellbeing Board. The Strategy provides a three-year framework for preventing and reducing homelessness across the borough and has been developed through extensive stakeholder engagement, co-production and input from people with lived experience.

The Board is asked to provide feedback on the proposed strategic priorities and to support the Health and Wellbeing Board acting as the strategic governance body for oversight of the Strategy's delivery, outcomes and performance.

Recommendation(s)

Note the development of the draft Homelessness Strategy 2026-2029 and accompanying Action Plan.

Provide feedback on the proposed strategic priorities, actions and outcomes.

Endorse the strategic direction of the draft Homelessness Strategy.

Approve the Health and Wellbeing Board as the overarching strategic governance body responsible for receiving progress updates and providing strategic oversight of the delivery of the Homelessness Strategy and Action Plan.

Key considerations:

Homelessness is a significant public health issue and has impacts across health, wellbeing, housing, community safety and social care.

The draft Strategy has been informed by a review of homelessness need, local data, stakeholder engagement, partner feedback and co-production with people with lived experience.

The Strategy seeks to strengthen prevention, improve access to accommodation and support, reduce rough sleeping and improve outcomes for vulnerable residents.

Effective delivery requires a whole-system approach across housing, health, adult social care, children's services, criminal justice and the voluntary sector.

Health and Wellbeing Board oversight will provide strategic leadership and accountability across the partnership.

Introduction/ Background:

Under the Homelessness Act 2002, local authorities are required to publish a Homelessness Strategy based on a review of homelessness and housing support needs within their area.

In March 2025, a project group was established to undertake a comprehensive review of Bury's Homelessness Strategy 2022-2026. This included a detailed assessment of homelessness need, demand trends, service provision, support pathways and emerging challenges across the borough.

The draft Homelessness Strategy 2026-2029 has been developed alongside the borough's wider Housing Strategy and provides a shared framework for partners to work together to prevent homelessness, reduce rough sleeping and improve outcomes for residents experiencing housing instability. The Strategy is underpinned by a comprehensive review of homelessness need and has been shaped through extensive stakeholder engagement, partnership workshops, co-production activity and the direct involvement of people with lived experience. This has ensured that the proposed priorities reflect local need, resident experiences and partnership ambitions.

The Strategy is supported by a detailed Action Plan and outcomes framework and has been developed in response to expectations from the Ministry of Housing, Communities and Local Government (MHCLG) for local authorities to publish an updated Homelessness Strategy, Action Plan and outcomes framework by 2 December 2026.

Given the strong links between homelessness, health inequalities and wider wellbeing outcomes, the Health and Wellbeing Board is asked to consider the proposed strategic priorities, provide feedback on the draft Strategy and support its role as the strategic governance body responsible for overseeing delivery, performance and outcomes across the partnership.

Key Issues for the Board to consider:

Development of the Strategy

The draft Homelessness Strategy has been informed by a comprehensive review of homelessness need, local data, national, regional and local literatures and current demand. It has been shaped through engagement with statutory partners, voluntary and community organisations, faith base organisations, housing providers, and people with lived experience the Strategy reflects local challenges and opportunities.

Strategic Priorities

The Strategy sets out four strategic priorities designed to strengthen homelessness prevention, safe and decent accommodation, reduce rough sleeping and improve outcomes for residents. The Board is invited to consider whether these priorities reflect the key challenges facing the borough and whether any further considerations should be included within the final Strategy.

Action Plan and Outcomes Framework

The Strategy is supported by a detailed Action Plan and measurable outcomes framework that will enable progress to be monitored and reported across the partnership. This will support accountability and demonstrate the impact of interventions over the life of the Strategy.

Strategic Governance and Oversight

Homelessness is closely linked to wider health inequalities and requires ongoing partnership leadership. It is proposed that the Health and Wellbeing Board provides strategic oversight of the Homelessness Strategy, receiving regular updates on delivery, performance and outcomes. This will ensure alignment with the borough's corporate priorities and key strategies, providing a clear golden thread across the partnership

Board Feedback

The Board is invited to provide feedback on the draft Strategy, agree the proposed priorities and governance arrangements, and identify any additional actions that may strengthen the borough's response to homelessness and rough sleeping.

Community impact/links with Community Strategy

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: Amanda Mullen, Manager, Homeless Prevention and Housing Solutions, a.mullen@bury.gov.uk

Background papers:

Draft Homeless strategy 2026.pdf

Homeless Strategy Data Review v5 pdf.pc

Temporary accommodation 3 yea

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

Term	Meaning

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Bury's Homelessness Strategy Delivery Plan: 2026 – 2029.

- This delivery plan has been developed in alignment with the emerging national homelessness and rough sleeping agenda and reflects the four priorities of Bury's Homelessness Strategy 2026-2029: Early intervention and prevention, access to safe and suitable accommodation, reducing rough sleeping, and ensuring people receive the right support at the right time.
- Progress reporting will focus not only on delivery against agreed actions and outcomes, but also on identifying barriers, risks and emerging pressures. Action leads will be expected to highlight mitigations, learning and opportunities for service improvement to support continuous development.
- This Plan complements, rather than duplicates, activity delivered through the Council's wider Housing Strategy and associated housing, accommodation and support programmes. Several linked strategies, plans and workstreams will contribute directly to the delivery of the Homelessness Strategy and its objectives, including:
    - Increasing the supply of affordable, sustainable and accessible housing through the Housing Strategy.
    - Delivering the Three-Year Temporary Accommodation Strategy and Action Plan, including increasing the supply of suitable temporary accommodation, improving quality and standards, strengthening procurement, placement and move-on arrangements, and reducing reliance on costly and unsuitable forms of temporary accommodation.
    - Implementing the B&B Elimination Plan to minimise and ultimately eliminate the use of bed and breakfast accommodation for families, except in genuine emergencies, and reduce reliance on B&B accommodation across all household groups.
    - Delivering a Supported Housing Needs Assessment and Supported Housing Strategy to ensure supported accommodation and support pathways meet current and future need, improve move-on opportunities and strengthen accommodation options for residents with additional support requirements.
    - Reviewing the Allocations Policy, housing register arrangements and wider access to settled housing to ensure available housing is used effectively, and households can access suitable accommodation as quickly as possible.
    - Delivering wider housing growth, regeneration and housing quality programmes that increase housing choice, improve affordability and support long-term housing stability for residents.

Together, these linked programmes will support delivery of the strategy's overarching ambition to make homelessness rare, brief and non-recurring, while ensuring residents can access safe, suitable and sustainable accommodation alongside the support they need to maintain it.

Priority 1: Strengthening Early Intervention and Prevention

The national plan places a strong emphasis on preventing homelessness before it happens. This theme focuses on identifying risk earlier, helping people stay in their homes wherever possible, and working with partners to provide support before housing problems reach crisis point.				
MHCLG Metrics: 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒				
Objective	**Action**	**Outcome**	**Leads/Partners**	**Timescale**
Embed a prevention-first approach by improving access to housing advice, support and early intervention services across communities, helping residents resolve housing issues before they escalate into homelessness	Complete a whole-service review of homelessness prevention and housing options functions, including organisational structure, service delivery model, staffing, skills and demand, and implement a redesigned service with specialist prevention roles aligned to local need and emerging priorities	A modern, responsive and prevention-led service that maximises early intervention opportunities, strengthens partnership working, improves performance and delivers better housing outcomes for residents	Head of Service	
	Establish a Homelessness Reduction Board to provide strategic oversight, governance and accountability for the delivery of the Homelessness & Rough Sleeping Strategy, monitoring performance, outcomes, risks and progress against agreed priorities across partner organisations	Establish a Homelessness Reduction Board to provide strategic oversight, governance and accountability for the delivery of the Homelessness & Rough Sleeping Strategy, monitoring performance, outcomes, risks and progress against agreed priorities across partner organisations		

DRAFT

	Review Duty to Refer and Duty to Collaborate arrangements with statutory and voluntary sector partners, identify gaps and barriers within current pathways, and implement improvements that strengthen early identification, referral quality, information sharing and joint working to prevent homelessness	Stronger multi-agency accountability and collaboration, ensuring housing needs are recognised and responded to effectively across the wider system		
	Increase access to floating support through community-based delivery, outreach and strengthened referral pathways across partner agencies	More people maintain their accommodation, reduced homelessness from tenancy loss, and increased prevention through earlier access to support	Homeless Prevention Manager /Calico Services /	
	Strengthen partnership approaches that provide early financial intervention and practical support, including access to the Crisis and Resilience Fund, Welfare Hubs, debt advice, welfare benefits support, fuel poverty initiatives, employment assistance to maximise incomes	Earlier support for households experiencing financial hardship, improved income maximisation and financial resilience, reduced risk of homelessness, and increased housing stability.	Project officer / Welfare service / Crisis resilience / CAB / DWP / Calico	
	Review the usage of the Homelessness Prevention Fund to ensure resources are targeted effectively, deliver value for money and achieve sustainable housing outcomes, supported by a prevention evaluation framework that measures the effectiveness, cost-benefit and long-term impact of interventions to inform future investment and service delivery	Prevention resources are used effectively and strategically, delivering improved homelessness prevention outcomes, better value for money and greater understanding of which interventions have the most sustainable long-term impact		
	Review the accessibility of homelessness and housing advice services across all contact channels, including face-to-face appointments, telephone services, digital platforms, inbox management and written communications	Improved customer experience, increased accessibility and engagement with services, reduced barriers to accessing support, and earlier resolution of housing issues before they escalate into homelessness		
	Review and refresh all customer-facing letters, templates and communications to ensure they are clear, accessible, consistent and written in plain English, helping residents understand their housing options, rights and responsibilities	Improved customer understanding, increased engagement with services, reduced confusion and complaints, and more informed decision-making by residents accessing housing support		
	Implement a workforce development programme to strengthen trauma-informed, strengths-based and person-centred approaches across homelessness prevention services	Consistent delivery of high-quality, person-centred support that improves engagement and prevention outcomes		
	Ensure tailored advice and support is easily accessible for people leaving supported housing, care, hospital, prison and other institutional settings through reviewing integrated pathways	Increased prevention referrals and more direct moves into sustainable accommodation		
	Conduct a full assessment of what advice and information is available to ensure it is accurate, accessible and easy to navigate through enhanced webpages, QR code-enabled resources.			

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	Carry out a comprehensive review of the online housing advice tool, AdviceAid, enabling residents and professionals to access the right support at the earliest opportunity			
Create a joined-up prevention system that brings together housing, health, public services and community partners to identify risk early, address the wider causes of homelessness and improve long-term housing stability	Embed partnership working across education, health, VCFSE organisations, community services and Council departments to improve homelessness prevention through targeted engagement, thematic focus groups, shared awareness activity and the development of early identification and referral mechanisms that enable housing risks to be identified and addressed at the earliest opportunity	Increased opportunities for prevention through earlier identification of housing issues across the wider Council system with targeted support		
	Align service delivery with Bury's LETS Tackle Poverty Strategy, ensuring housing interventions contribute to reducing poverty, financial exclusion and wider inequalities	A more joined-up approach to tackling poverty and homelessness, supporting improved housing stability and reducing the risk of homelessness across vulnerable households		
	Strengthen access to the Greater Manchester Youth Pathfinders programme and develop a targeted early intervention approach using predictive data and intelligence to identify young people at risk of homelessness and provide support before a housing crisis occurs	Earlier identification of young people at risk of homelessness, increased access to preventative support, reduced youth homelessness, and improved transitions into safe, stable and sustainable accommodation		
	Work with Public Health, Live Well and wider partners to embed the Changing Futures and Enhanced Live Well programmes within homelessness prevention pathways, ensuring people experiencing multiple disadvantage receive targeted support	Earlier identification of housing need through targeted support that addresses the wider causes of homelessness and helps residents live independently	Public Health / Homelessness / Early Break / Project Free / Big life	
Use data and lived experience to drive improvement	Use data, insight and predictive analytics to identify households at risk of homelessness earlier, supported by the development of a homelessness prevention dashboard to monitor demand, trends, risk factors and outcomes, enabling targeted interventions before housing issues escalate into crisis	Earlier identification of risk, increased prevention activity, reduced crisis presentations, and improved housing outcomes for residents		
	Develop a stronger evidence-based understanding of homelessness demand, customer journeys and support needs through data analysis, customer insight and co-production. Engage regularly with people with lived experience, community groups and partners, and use learning from complaints, compliments, MP enquiries and other feedback to evaluate services, identify emerging needs	Services are informed by robust evidence, customer feedback and lived experience, resulting in more responsive, effective and person-centred homelessness prevention services		
	Harness digital innovation, technology and AI to improve workforce capacity and productivity, increase homelessness prevention, enhance	More efficient and responsive services, improved customer experience, earlier intervention		

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	customer access whilst enabling faster identification of housing need and more effective targeted support	opportunities, and better use of resources to prevent homelessness		
	Strengthen performance management, governance, audit and quality assurance arrangements to ensure services remain accountable, evidence-led and focused on delivering positive outcomes	Improved service quality, stronger accountability, greater value for money, and continuous improvement in homelessness prevention outcomes		
	Introduce a programme of regular case file audits, percentage-based case checks and structured casework reviews to strengthen quality assurance, promote good practice, ensure compliance with statutory duties and identify learning opportunities that drive continuous improvement in homelessness prevention and customer outcomes	Improved consistency, quality and accountability in casework, leading to better decision-making, enhanced customer experiences, stronger compliance and improved homelessness prevention outcomes		

Priority 2: Ensuring Access to Safe, Suitable and Quality Accommodation

Providing access to safe, decent and affordable accommodation is a key part of the national approach. This theme focuses on increasing housing options, improving the quality of temporary accommodation and helping people move into settled homes more quickly.				
MHCLG Metrics: 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒				
Objective	**Action**	**Outcome**	**Lead / Partner**	**Timescale**
Ensure access to safe, suitable and sustainable temporary accommodation	Deliver the Council's Three-Year Temporary Accommodation Plan, including the acquisition, leasing, procurement, remodelling and optimisation of temporary accommodation stock, implementation of quality standards, and reduction of reliance on emergency and nightly-paid accommodation	An expanded supply of high-quality temporary accommodation, reduced use of costly emergency placements, improved resident outcomes and a more sustainable temporary accommodation system		
	Develop and implement a Temporary Accommodation Placement and Procurement Policy that sets out clear standards for sourcing, allocating and managing temporary accommodation, including suitability assessments, procurement arrangements, value for money requirements, location considerations and quality expectations	A transparent and consistent approach to procuring and allocating temporary accommodation that improves placement suitability, strengthens governance, supports financial sustainability and delivers better outcomes for residents		
	Implement the Council's B&B Elimination Plan, including increasing access to alternative temporary accommodation, strengthening prevention and move-on activity, improving placement planning and introducing escalation arrangements to minimise and ultimately eliminate the use of B&B accommodation for families and reduce reliance for all households	The use of B&B accommodation is eliminated for families except in genuine emergencies and significantly reduced across all household groups, ensuring residents are accommodated in more suitable and stable accommodation		

	Deliver the Temporary Accommodation Quality Framework set out within the Three-Year Temporary Accommodation Plan, including regular inspections, compliance monitoring, resident feedback, provider performance management and continuous improvement activity	Safe, compliant and high-quality temporary accommodation that consistently meets resident needs and statutory requirements		
	Implement a temporary accommodation pathway and move-on framework that supports households from placement through to settled housing, with clear expectations, support offers and planned move-on arrangements	Reduced lengths of stay in temporary accommodation, improved flow through the homelessness system and increased successful move-on into settled housing		
	Develop and deliver the Greater Manchester Empty Homes Programme to bring long-term empty properties back into use as temporary accommodation, increasing the availability of high-quality housing and making better use of existing housing stock	More empty homes returned to use, increased access to suitable temporary accommodation, reduced reliance on costly emergency and nightly-paid accommodation, and improved value for money through the effective use of existing housing assets	Homeless/private rented, Empty Homes, GMCA, provate landlords	Over 3 years
	Undertake a joint review with Children's Services of the 16/17 Joint Housing Protocol, Leaving Care arrangements and young people's accommodation pathways, enhancing the Leaving Care Panel to strengthen early identification, coordinated support and planned transitions into suitable accommodation	Reduced youth homelessness through earlier intervention, improved access to appropriate accommodation and support, and fewer young people experiencing repeat homelessness	Homeless / Commissioning / Children's services / VCFE	
	Review and refresh the Temporary Accommodation Storage Policy to ensure households can access clear, consistent and affordable storage solutions where belongings cannot be accommodated, reducing barriers and preventing the loss of personal possessions during homelessness	Improved customer experience, reduced financial hardship and storage-related risks, and greater housing stability through consistent and person-centred storage arrangements		
	Review and update Temporary Accommodation licence agreements to ensure they are legally compliant, clearly understood by residents, reflect service expectations and responsibilities, and support effective management of temporary accommodation placements	Clearer and more consistent arrangements for residents and the Council, improving compliance, reducing disputes and supporting the effective management of temporary accommodation	Temporary Accommodation Team / Registered Providers / Providers	
	Review and standardise behavioural agreements, placement documentation and all associated temporary accommodation paperwork to ensure they are clear, consistent, legally compliant and support effective placement management and resident understanding	Residents receive clear and consistent information about their placement, rights and responsibilities, supporting positive tenancy behaviour, reducing disputes and improving the management of temporary accommodation placements		
	Review domestic abuse pathways and safe accommodation provision, including refuges, to ensure victims and survivors can access timely, appropriate and safe housing options, supported by	Victims and survivors of domestic abuse can access safe accommodation and housing support more quickly, reducing the risk of homelessness and improving safety, wellbeing and long-term housing outcomes		

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	effective partnership working, clear referral arrangements and trauma-informed support			
Increase access to suitable housing options	Review the Allocations Policy and wider housing allocations framework, assess the feasibility and benefits of introducing a Common Allocations Framework with housing partners, and procure and implement a modern housing register system that improves access, transparency, operational efficiency and customer experience	A fair, transparent and effective allocations system that makes best use of available housing stock, improves residents' access to appropriate housing, supports homelessness prevention and enables more informed decision-making through improved data and housing management processes		
	Deliver the Housing Strategy, Homelessness Strategy and supported accommodation strategy in a coordinated way to increase housing supply, improve access to housing and support tenancy sustainment	A joined-up approach to increasing housing opportunities and reducing homelessness across the borough		
	Work with Registered Providers and partners to improve access to accommodation for young people, families, single people and people with multiple or complex needs, while maximising funding opportunities and investment to expand housing options, increase accommodation supply	Improved access to suitable housing options for residents with varying needs and circumstances		
Strengthen supported housing and move-on pathways	Strengthen move-on from supported housing, increasing the availability of suitable accommodation options and remove barriers to accessing settled housing, ensuring residents can progress into long-term housing stability	Improved flow through the homelessness system, reduced stays in temporary and supported accommodation, increased successful move-on outcomes, and more residents sustaining suitable long-term housing	Homeless/Rough sleepers, adult social care, NHS, public health, childrens, commissioned providers, vcfe, lived in experience	Dec 2027
	Review the Central Access Point (CAP) to ensure residents can access the right accommodation and support at the right time			
	Ensure residents in temporary and supported accommodation receive strengths-based support that connects them to employment, education, health and community opportunities	Increased independence, improved wellbeing and better long-term housing outcomes		
	Implement a supported housing quality and compliance framework with providers to ensure accommodation and support services meet regulatory requirements, agreed partnership standards and local expectations. Monitor performance, compliance and outcomes through partnership arrangements to promote accountability, continuous improvement and positive resident outcomes	Supported housing provision is safe, high quality and fully compliant, with consistent standards across providers delivering improved outcomes for residents and stronger partnership accountability		
Improve quality, oversight and sustainment	Strengthen performance monitoring, governance and quality assurance arrangements across temporary accommodation, supported housing and move-on services	Improved standards, stronger accountability and continuous improvement across accommodation services		
	Implement fit-for-purpose temporary accommodation management systems and	Temporary accommodation is managed more effectively through improved systems, accurate	Performance officer	Dec 2027

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	technology, including integrated rent accounting, placement management and performance reporting functionality, to improve oversight, financial management, operational efficiency and the effective delivery of temporary accommodation services	financial monitoring and enhanced operational oversight, supporting better decision-making, resource management and customer outcomes		
	Collaborate with landlords, letting agents and partner organisations to increase the supply of good-quality private rented accommodation available to residents at risk of homelessness including for including care leavers, people with support needs and those at risk of rough sleeping	An increased supply of quality private rented homes available to residents at risk of homelessness, providing greater housing choice, reducing pressure on temporary accommodation and improving access to settled housing		
Strengthen access to and standards within the Private Rented Sector (PRS)	Assess the need for a dedicated Private Rented Sector function, including the feasibility of a Social Lettings Agency model, to expand access to good quality private rented accommodation, strengthen landlord engagement and increase sustainable housing options for households at risk of homelessness	Improved access to the private rented sector, stronger relationships with landlords and a wider range of sustainable housing options, helping to prevent homelessness and reduce reliance on temporary accommodation		
	Continuing implementing to legislative changes, including the Renters' Rights Act, ensuring services, policies and landlord engagement arrangements remain effective and compliant	Services, policies and partnerships remain compliant, responsive and fit for purpose, helping residents and landlords navigate legislative changes while supporting stable and sustainable tenancies	Homeless/PRS Service	ongoing
	Strengthen joint working between Housing Standards, Homelessness Services and landlords to identify and address property condition issues, tenancy risks and barriers to accommodation access	Earlier identification and resolution of housing risks, improved property standards, fewer tenancy failures and stronger pathways into and through the private rented sector	Homeless / PRS Team / Public service / Regulatory Services / Trading Standards	Three years
	Review our incentives and support packages that encourage landlords to work with the Council to prevent homelessness and assist households into accommodation	Stronger landlord partnerships, increased accommodation opportunities for residents at risk of homelessness, and greater use of prevention measures to avoid housing crises	Homeless / PRS Team / Public service / Regulatory Services	Three years
	Monitor trends, affordability pressures and tenancy loss within the private rented sector to inform service planning and prevention activity	Improved understanding of local housing pressures and trends, enabling earlier intervention, more targeted prevention activity, and better-informed commissioning, housing supply and service planning decisions that respond effectively to changing local need	Homeless/PRS Service	Three years

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Priority 3: Preventing and Reducing Rough Sleeping in The Borough

The national ambition is to make rough sleeping rare, brief and non-recurring. This theme focuses on preventing people from sleeping rough, responding quickly when it does occur and ensuring people can access accommodation and support to avoid returning to the streets.				
MHCLG Metrics: 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☒ 6 ☒				
Objective	**Action**	**Outcome**	**Lead / Partner**	**Timescale**
Prevent rough sleeping before it happens – detailed actions are under priority one of this action plan	Review and redesign rough sleeping access, referral and assessment pathways to ensure services are easy to access and focused on prevention and early intervention	Faster access to support, reduced barriers to services and increased successful prevention outcomes	All	
	Work with statutory services, voluntary organisations, faith groups and community partners to develop a shared responsibility for preventing rough sleeping	Stronger partnership working, increased referrals and a coordinated approach to preventing rough sleeping across the borough	Bury Homeless partnership	
	Expand access and remove barriers into off the street supported and specialist accommodation for people with multiple disadvantage	Reduced barriers to accommodation and support for people experiencing multiple disadvantage, increasing the prevention of rough sleeping and reducing repeat episodes of homelessness	Homeless / commissioned provider / Registered Providers	
Reduce rough sleeping and break cycles of homelessness	Maximise funding opportunities and engage with both Greater Manchester and regional partnerships to strengthen local rough sleeping responses	Increased investment, expanded accommodation and support options, and improved outcomes for residents	ALL	
	Maximise the use of national and regional initiatives, including A Bed Every Night, CAS3 and Rough Sleeping Accommodation Programmes (RSAPs), to provide accommodation and support for people at risk of or experiencing rough sleeping	Increased access to accommodation and support, reduced rough sleeping and repeat homelessness, and improved pathways into settled housing	Homeless/rough sleepers	
	Strengthen our local Housing First offer for people experiencing multiple disadvantage, providing intensive, person-centred support, practical assistance and early intervention to help people secure and sustain accommodation and improve wider life outcomes	Fewer repeat homelessness presentations, improved housing stability and independence, reduced demand on public services, and a strong social return on investment through better outcomes for residents with multiple disadvantage and lower long-term system costs	Homeless / Rough sleepers / Adult social care / Public health / VCFE / Safeguarding adults board	June 2027
	Continue to develop Bury Integrated Inclusion Health offer for target priority groups, bringing dedicated social work capacity, health services and multi-agency interventions to support people experiencing homelessness, multiple disadvantage	Improved housing stability, health and wellbeing outcomes, reduced repeat homelessness and rough sleeping, increased independence and engagement with services, and reduced demand on health, social care and wider public services	Homeless / Rough sleepers / Adult social care / Public health / VCFE / Safeguarding adults board	August 2027 – review to extend
	Deliver the National Rough Sleeping Programme Phase one, two and three which focus on rough sleepers experiencing multiple disadvantage	Reduced rough sleeping and long term rough sleeping, increased access to settled accommodation, and improved housing stability for vulnerable residents	Homeless/rough sleepers, adult social care, public health, VCFE, commissioners, gmca, lived in experience, stategic housing/capital	Three years

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Priority 4: The Right Support at the Right Time for All

The national ambition is to make rough sleeping rare, brief and non-recurring. This theme focuses on preventing people from sleeping rough, responding quickly when it does occur and ensuring people can access accommodation and support to avoid returning to the streets.				
LOF Metrics: 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒				
Objective	**Action**	**Outcome**	**Lead / Partner**	**Timescale**
Deliver an integrated one-system approach	Strengthen neighbourhood-based and multi-agency support arrangements by bringing together housing, health, social care, employment, criminal justice, community safety, Public Health, Live Well and voluntary sector partners	Residents experience a coordinated and seamless response, receiving the right support at the right time	ALL	
	Strengthen and expand Burys integrated housing support service that provides coordinated support from prevention and crisis response	Reduced duplication between services, improved partnership working and better resident outcomes	Homeless / ASC / Children's Services / MOJ / VCFE / Commissioned providers / Public health	
	Expand partnerships with community, faith and grassroots organisations and strengthen navigator and keyworker support to help residents access and remain engaged with services	Increased engagement with support services, stronger community connections and improved tenancy sustainment	Bury Homeless partnership	
Use evidence, insight and outcomes to drive improvement	Develop a homelessness outcomes and insight framework that tracks residents' journeys, analyses the causes and impact of homelessness, and identifies gaps in provision and unmet need	Improved understanding of homelessness in Bury and stronger evidence to inform future decisions, commissioning and investment	Performance officer	
	Work with partners to develop shared outcomes and use data, performance monitoring, evaluation and lived experience feedback to measure the impact of homelessness interventions, inform service improvement and target resources effectively	Evidence-led services that deliver improved outcomes for residents and demonstrate the impact of homelessness prevention activity	Performance officer	
Create, accessible and person-centred support system	Continue to deliver the Greater Manchester Work and Skills Programme- re-commisson, supporting asylum seekers, refugees and other newly settled residents to access employment, training, skills development and volunteering opportunities that promote independence and integration	Improved access to employment and skills opportunities, increased financial independence, stronger community integration, and reduced risk of homelessness through sustainable pathways into work and settled housing	Homeless/Asylum / VCFE / GMCA, RSMP	Feb 2027
	Embed Bury's Families First approach within homelessness prevention and housing support services, ensuring families receive coordinated, whole-family support through a one-system approach that brings together housing, children's services, education, health and community partners	Earlier identification of housing need, improved outcomes for children and families, reduced family homelessness, and stronger partnership working that addresses the underlying causes of housing instability before crisis occurs	Homeless / Children's / Public Health / ASC	

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Governance and Measuring Success

Delivery of this Action Plan will be supported by strong governance, effective partnership working and clear accountability across the homelessness system. A Homelessness Prevention Board will be established to oversee delivery of the strategy, monitor progress against agreed actions and outcomes, identify risks and barriers to delivery, and drive continuous improvement across all priorities. The Board will bring together key partners from housing, health, social care, children's services, the voluntary and community sector, Registered Providers and other relevant stakeholders to coordinate activity and maintain collective ownership of outcomes.

Oversight and challenge will also be provided through existing governance arrangements, including the Homelessness Partnership, Health and Wellbeing Board and the Housing Advisory Board, ensuring homelessness prevention remains connected to wider health, housing and community priorities. Regular reporting through these structures will support transparency, accountability and strategic oversight of progress.

Performance will be monitored through a combination of quantitative and qualitative measures, including service performance data, quality assurance activity, case audits, thematic reviews, customer feedback and engagement with people with lived experience. Alongside ongoing monitoring, an annual delivery and performance tracker will be produced to provide a comprehensive assessment of progress against agreed actions and outcomes, highlight achievements, identify barriers and risks to delivery, and set out corrective actions where improvement is required.

An annual review of the Action Plan will evaluate overall progress, refresh priorities where necessary and ensure continued focus on preventing homelessness, reducing rough sleeping, improving access to suitable accommodation and delivering sustainable housing outcomes for residents. The Local Outcomes Framework set out below will provide the basis for measuring impact and assessing progress against the strategy's objectives.

Target checkpoints:

Metric	Baseline (qtr2 2025)	Checkpoint	Annual Checkpoint	Final Target	Direction
Rate of households in temporary accommodation with children per 1,000 households	2.9 per 1,000 (Sept 2025)	2.9 per 1,000 (Mar 2026)	2.6 per 1,000 (Mar 2027)	2.4 per 1,000 (Mar 2028)	17.2% Reduction
Number of families in Bed & Breakfast accommodation over 6 weeks	6	8	0	0	100% Reduction
Success at preventing and relieving homelessness	42%	46%	49%	52%	23.8% Increase
Success at preventing and relieving homelessness for those experiencing multiple disadvantage (3 or more support needs)	43%	33%	39%	45%	4.7% Increase
People who are sleeping rough long term	2	4	3	2	Maintain baseline
People sleeping rough on a single night	5	TBC	TBC	TBC	

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Agenda Item 8a

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	10th November 2026
Title of report:	Better Care Fund (BCF) Quarter 2 (Q2) Reporting Template
Report by:	Hannah Dixon – Commissioning Manager – Bury Council
Decision Type:	**Decision**
Ward(s) to which report relates	N/A

Executive Summary:

This report provides a Q2 update on the delivery of the BCF 2026/27 plan across Bury. Overall, progress remains positive, with partners continuing to work collaboratively to deliver integrated, preventative services that support people to remain independent and reduce demand on hospital and long-term care services.

Performance against 2 of the 3 national BCF metrics are broadly in line with planned trajectories. Non-elective admissions for people aged 65 and over remain below the annual target despite some monthly variation, while residential admissions remain below target. Delayed discharge performance is a challenge, reflecting pressures experienced across Greater Manchester. However, this continues to be a key area of focus across the health and care system, with ongoing work to improve discharge pathways and intermediate care provision.

A forecast overspend of £191k relating to the Integrated Community Equipment Service is being reported by the Council. This overspend is unsustainable as the Council does not have sufficient alternative budgets or reserves to support this

pressure. The service budget will need to be considered as part of the BCF budget setting for 2027/28, or the level of service reduced to bring it back in line with budget.

Governance arrangements remain in place to oversee delivery, monitor performance and identify emerging risks.

Key messages for the Board

- Overall BCF delivery is progressing as planned.
- 190k forecast overspend in LA ICES.
- Delayed discharges remain an area of system-wide challenge and continued focus.
- Governance and oversight arrangements remain robust, supported by the BCF Performance and Monitoring Group.
- No significant risks or exceptions require Board intervention at this stage.

Recommendation(s)

That: The Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund Q2 reporting submission and ratify the decision to submit to the National Better Care Fund Team.

Key considerations:

1.0 Introduction/ Background:

1.1 The BCF is a national programme that supports integration between health and social care through pooled budgets and joint commissioning arrangements. The BCF enables partners to deliver more coordinated, preventative and person-centred services, supporting residents to remain independent for longer while reducing avoidable demand on hospital and long-term care services. The 2026/27 BCF Framework places a greater emphasis on neighbourhood health, intermediate care, reablement and improved system outcomes through collaborative delivery across NHS and local authority partners.

1.2 The BCF plan for 2026/27 was developed jointly by the Integrated Care Board and Local Authority and approved through the Health and Wellbeing Board in June 2026. The plan supports the delivery of integrated and preventative

services that improve outcomes for residents with health and care needs, whilst aligning with the national direction of travel set out in the Better Care Fund Framework and the development of neighbourhood health services.

1.3 Nationally, local systems are expected to demonstrate progress against a number of priority areas, including reducing non-elective admissions for people aged 65 and over, reducing delayed discharges and residential admissions, improving reablement outcomes and supporting people to live independently within their communities for longer. The framework also requires evidence of effective partnership working, robust governance arrangements and value for money in the use of pooled resources.

2.0 National Conditions

2.1 The BCF is subject to three national funding conditions outlined in the National BCF Framework and are relating to the delivery of integrated and preventative care, compliance with pooled budget and funding requirements and effective governance and reporting arrangements. Bury Health and Wellbeing Board remain compliant with all three national conditions.

3.0 National Metrics

3.1 The Better Care Fund framework requires local systems to monitor performance against three key outcomes: reducing non-elective hospital admissions (NEL) for people aged 65 and over, reducing delayed discharges from hospital and preventing admissions to long-term residential and nursing care. There is also a requirement to monitor locally the proportion of people aged 65+ who received reablement support and remained in the community within 12 weeks of discharge. Data is not available for this metric for 26-27 currently.

3.2 Using available data at the time of reporting, non-elective admissions (Figure 1.0) and residential admissions (Figure 3.0) metrics are reporting on track against plan, whereas delayed discharge (Figure 2.0) is reporting variance against plan.

3.3 Non-Elective Admissions Metric: NEL for people aged 65 and over per 100,000 population. Figure 1.0 demonstrates that NEL metric remains below the annual target despite some monthly variation. Achieving this target requires actual performance to be below plan.

Figure 1.0: Non-Elective Admissions Metric Performance

	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Plan	505	539	485	501	473
Actual	492	520	474	518	482
Variance	13.00	19.00	11.00	-17.00	-9.00

3.4 Delayed Discharge: Average length of discharge delay (LDD) for all acute adult patients (calculates the % of patients discharged after their discharge ready date (DRD), multiplied by the average number of days). Figure 2.0 demonstrates that the delayed discharge metric is experiencing variance against plan. Achieving this target requires actual performance to be below plan.

Figure 2.0: Delayed Discharge Metric Performance

	Apr-26	May-26	Jun-26	Jul-26
Plan	1.07	1.05	0.7	0.9
Actual	0.85	1.18	1.07	1.29
Variance	0.22	-0.13	-0.37	-0.39

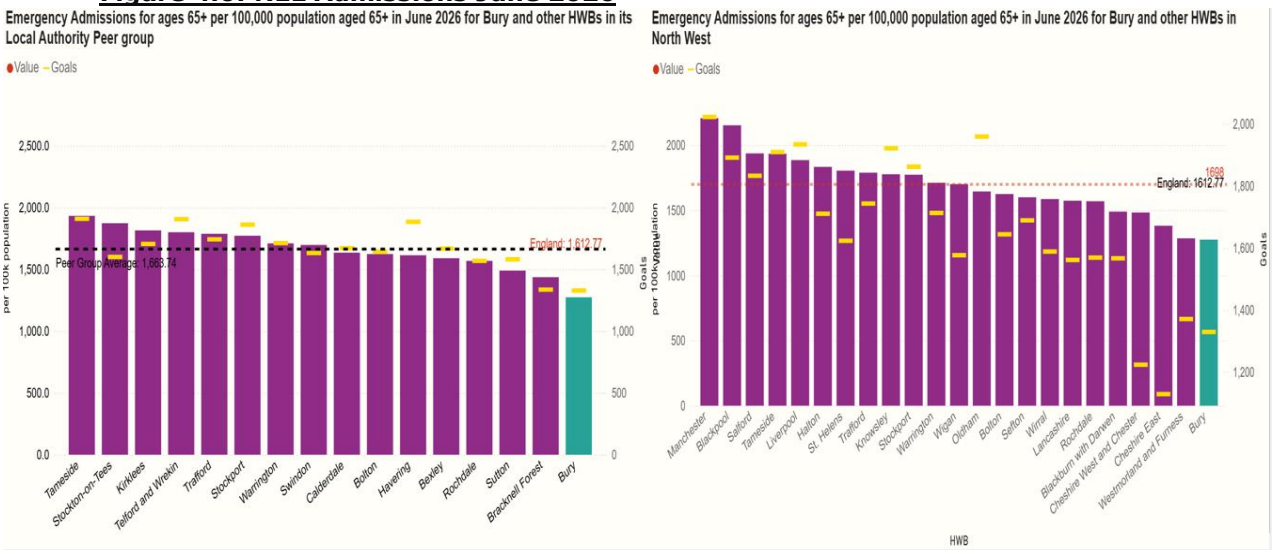
3.5 Residential Admissions **-** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. Figure 3.0 demonstrates that the residential admissions metric is below plan. Achieving this target requires actual performance to be below plan.

Figure 3.0: Residential Admissions Metric Performance

	26-27 Q1	26-27 Q2
Plan	55	55
Actual	51	47
Variance	4	8

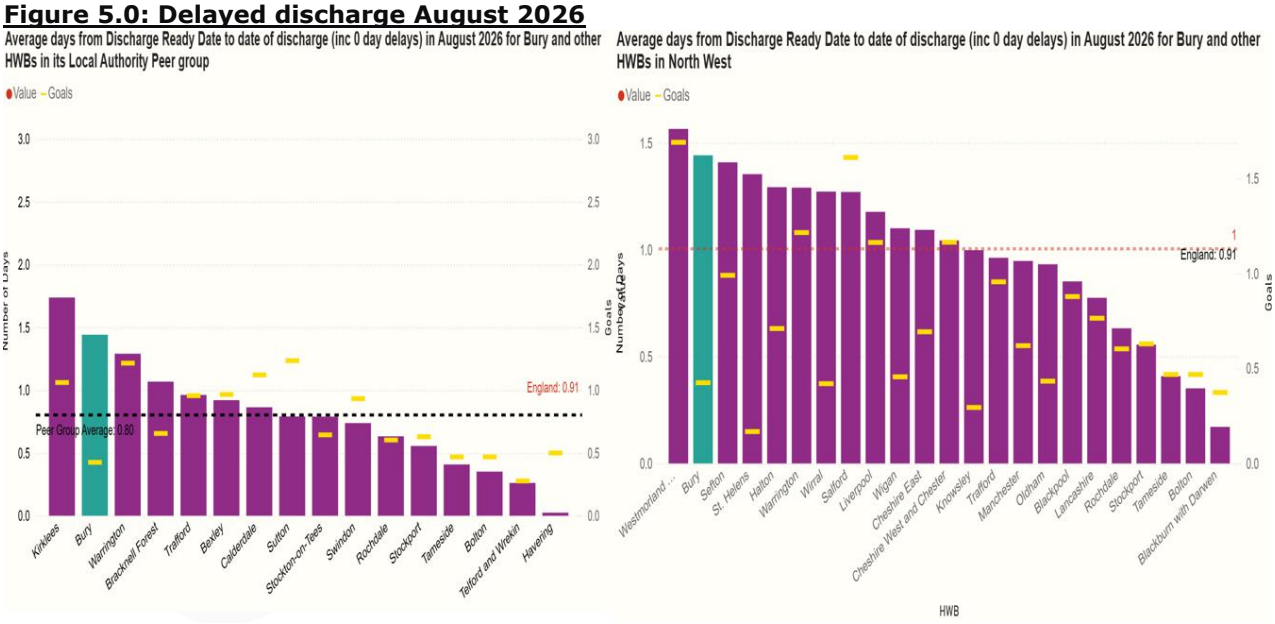
3.6 Peer Comparison: NEL. Figure 4.0 shows that in the month of June, Bury has lower NEL admissions than the locality peer group, region and England as a whole.

Figure 4.0: NEL Admissions June 2026



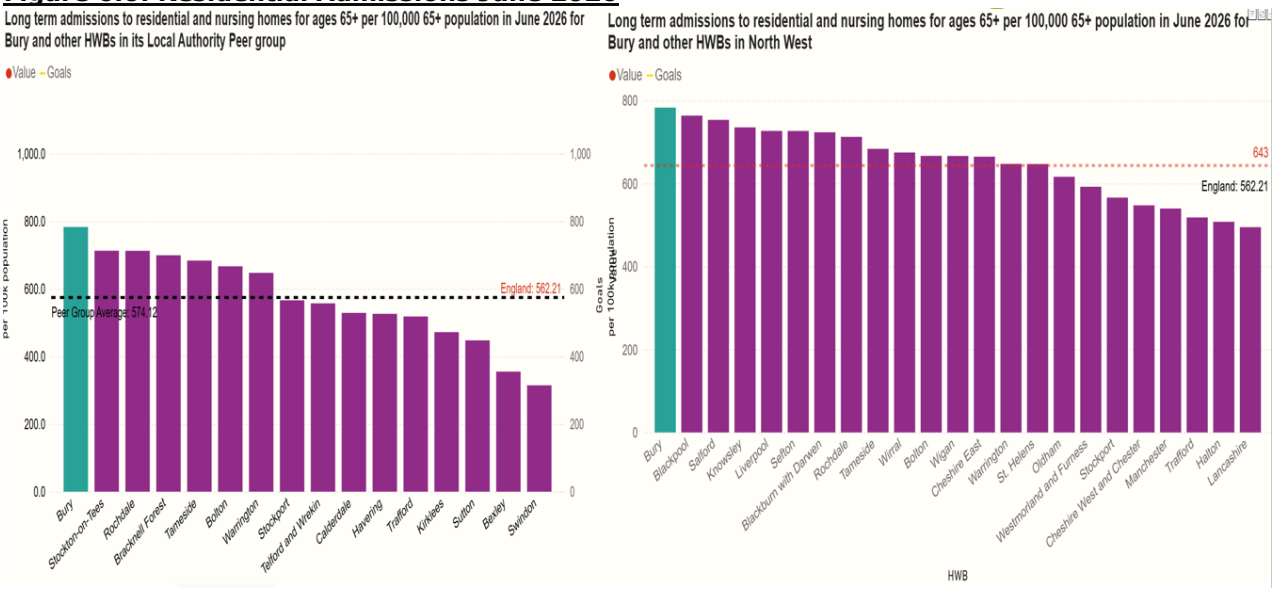
3.7 Peer Comparison: Delayed discharge. Figure 5.0 shows that in the month of August, Bury had higher average days from DRD to date of discharge (including 0 days) than the locality peer group, region and England as a whole.

Figure 5.0: Delayed discharge August 2026



3.8 Peer Comparison: Residential Admissions. Figure 6.0 shows that in the month of June, Bury had higher long-term admissions to residential and nursing home for ages 65+ per 100,000 than the locality peer group, region and England as a whole.

Figure 6.0: Residential Admissions June 2026



4.0 Finance

4.1 Figure 4.0 demonstrates the planned BCF income against expenditure. Bury Council Integrated Community Equipment Service (ICES) has been included from Q1 in "Additional LA Contribution" for consistency as NHS GM ICB include ICES as an NHS additional contribution. There is a forecast overspend of £191,000 for LA ICES.

Figure 4.0: BCF Q2 2026-27 Income and Expenditure

	2026-27		
Source of Funding	Planned Income	Updated Planned Expenditure	Actual Expenditure at Quarter End
DFG	£2,669,235	£2,669,235	£1,334,618
Minimum NHS Contribution	£20,235,160	£20,235,160	£10,117,580
Local Authority Better Care Grant	£9,410,943	£9,410,943	£4,705,472
Additional LA Contribution	£0	£253,800	£222,350
Additional NHS Contribution	£9,303,814	£9,303,814	£4,651,907
Total	**£41,619,152**	**£41,872,952**	**£21,031,926**

5.0 Reporting and Checkpoints

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

6.0 Key Issues for the Board to consider:

6.1 There are no significant issues requiring escalation to the Board at this time. A forecast overspend of £191k relating to the Integrated Community Equipment Service is being reported by the Council. This overspend is unsustainable as the Council does not have sufficient alternative budgets or reserves to support this pressure. The service budget will need to be considered as part of the BCF budget setting for 2027/28, or the level of service reduced to bring it back in line with budget. Delayed discharge performance remains a challenge and is consistent with pressures experienced across Greater Manchester; however, work continues through established discharge and intermediate care improvement programmes. All other Better Care Fund metrics remain broadly on track, noting that national Q2 data remains incomplete for some measures.

Community impact/links with Community Strategy

N/A

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.*
N/A	

**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:
Contact Officer: Hannah Dixon

Email Address: h.dixon@bury.gov.uk
Date: 26th October 2026

Background papers:

Bury HWB BCF
2026-27 Q2 Reportin

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

Term	Meaning
BCF	Better Care Fund
Q2	Quarter 2
NEL	Non-elective admissions
LDD	Length of discharge delay
DRD	Discharge ready date
ICES	Integrated Community Equipment Service
NHS GM ICB	National Health Service Greater Manchester Integrated Care Board

Bury Council

Health Beyond Healthcare: Using communities and neighbourhoods to build health

Public Health Annual Report 2025/26

Jon Hobday
DPH Bury Council
10 November 2026

Purpose

- Statutory responsibility: Director of Public Health duty to write an independent annual report on the health of the local population, and local authority duty to publish said report (section 73B(5) and (6) of National Health Service Act 2006). The content and structure of the report is decided locally.
- Recommendation: That Health and Wellbeing Board members note the DPH's Public Health Annual Report (information), and authorise publication (decision).
- Background paper: Health Beyond Healthcare – Using communities and neighbourhoods to build health
  - A showcase/retrospective on data and activity undertaken by Public Health and system partners in 2025/26, to inform priorities and recommendations for 2026/27
  - No legal nor financial implications for HWBB consideration

Bury Council

Executive summary

- The “building blocks of health” help to answer the question of “what makes us healthy,” identifying the foundation that contributes to quality of life and reduces the risk of ill health.
- Delivering preventative interventions closest to where people live allows us to address these building blocks head on, using neighbourhood-centred approaches.
- The report focuses on:
  - what the data tells us about the impact of these building blocks on society’s ability to live in good health
  - the importance of neighbourhoods in supporting people to live healthy lives and actively reduce inequalities
  - recommendations to improve outcomes in Bury



Image courtesy of The Health Foundation

Bury Council

Report structure

- Chapter 1: Health starts long before the NHS – where we live, work and learn shapes our health long before we need healthcare
- Chapter 2: The economics of prevention – making the case for timely investment to impact longer-term outcomes
- Chapter 3: The power of neighbourhoods – local communities as both drivers and hosts for public health interventions
- Chapter 4: Live Well (Bury's prevention model) – programmes, initiatives and progress to help Bury residents lead healthier lives
- Chapter 5: What will success look like in 2030? – local strategy to drive progress aligned to our core aims and objectives
- Recommendations

Bury Council

Recommendations

“Rebuilding” blocks for health

- **Ensure that addressing “building blocks for health” is embedded in Public Health governance and commissioning principles**, working across statutory services – social care, education, homelessness support, planning, and licensing – to normalise multidisciplinary approaches to improving health outcomes.
- **Engage local healthcare delivery partners**, namely primary care, community trusts and acute trusts, **on driving a system-wide “left shift” towards upstream prevention in Bury**, emphasising the Return on Investment of early intervention. Deliver system-wide workshops and use forums to agree an action plan, reaching BeCCoR targets.
- **Evaluate the impact of the Enhanced Live Well Programme pilot** to apply learnings to not only those experiencing multiple disadvantages, but others that encounter barriers identified by the pilot but do not meet current eligibility requirements.
- **Build on successful local activity linked to healthier environments** including restriction of unhealthy food outlets, the use of the licensing matrix, and the alcohol harm matrix.

Bury Council

Recommendations

Strengthening and centring neighbourhoods

- **Continue the development of neighbourhood-based Live Well models during 2027/28** that integrate public services with voluntary, community, and faith organisations, as exemplified by the Whitefield Live Well Centre and Family Hubs.
- **Use Council regeneration opportunities alongside Public Sector Reform to centre neighbourhoods as core assets for population health**, continuing investment in parks, leisure, culture and libraries, emphasising community-led solutions.
- **Ensure that co-production runs throughout the design, implementation and evaluation of local prevention initiatives**, as a mechanism for community engagement, and to make sure planned improvements meet the needs of the people they are intended to support. Record evidence and build in evaluation for at least 90% of initiatives.
- **In 2027/28, work with VCFSE partners to strengthen community prevention in priority neighbourhoods**, broadening the influence and reach of Integrated Neighbourhood Teams and drawing from micro-commissioning funds to allocate tailored resource.

Bury Council

Recommendations

Enabling healthy lives and empowering individuals

- **Expand approaches that support healthy behaviours**, such as improving health literacy, social prescribing, and understanding of the Live Well offer, and empowering Bury residents to manage their health and wellbeing.
- **Increase access to prevention programmes, screening and early intervention services for long-term conditions** in neighbourhood venues, targeting support towards cohorts experiencing the greatest health inequalities.
- **Raise awareness and shared understanding of local assets amongst frontline staff**, to ensure consistency in signposting, Making Every Contact Count (MECC), and person-centred support across the borough.
- **Target social isolation and mental wellbeing as a public health priority**, with bespoke, evidence-led plans to connect people to their communities.

Bury Council

Q&A

Bury Council

Health Beyond Healthcare: Using communities and neighbourhoods to build health

Public Health Annual Report 2025/26

Jon Hobday,
Director of Public Health,
Bury Council



Bury Council

Bury Council

Health Beyond Healthcare: Using communities and neighbourhoods to build health

Public Health Annual Report 2025/26

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Bury Council



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Forewords

Jon Hobday, Director of Public Health



This year's Public Health Annual Report begins by exploring "building blocks of health" to understand the wider determinants of health, which affect Bury's population long before residents come into contact with our health and care system. The conditions in which we are born, grow, live, work and age have a huge impact on our health and wellbeing. We know that inequalities exist in Bury, and there is an unacceptable gap in life expectancy between the most and least affluent.

Exploring what these building blocks mean for Bury is timely, as national focus shifts towards upstream prevention and the use of neighbourhoods and place-based delivery as the ideal vehicle to improve people's health and wellbeing. To recognise the strengths and opportunity that can be found in neighbourhoods, it's important to acknowledge the building blocks that shape them in the first place.

I am proud to lead a team that nurtures brilliant relationships with community-based organisations, working towards common goals. This report showcases the successes of public health initiatives that cut across many aspects of public service, with involvement from numerous local partners, delivered by and for the neighbourhoods in which people live.

The report and its recommendations provide a direction of travel for public health in the coming year, aligning its vision with strategies that are already underway to make Bury a fairer, healthier borough for everyone.

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 communities and neighbourhoods as not only determining health outcomes from the outset, but also as the places where positive gains can be made for our population's health and wellbeing.

Throughout the report, the case is made for strengthening the partnerships that are in place with our public, private, and voluntary, community, faith, and social enterprise (VCFSE) sectors, and how public health priorities are aligned with activity happening locally in Bury – such as the implementation of our LET'S do it! Strategy – and in other local authorities within Greater Manchester, and beyond.

There is increasing recognition of the power of neighbourhoods to build health, and this report brings collaboration to the forefront, recognising that local organisations and communities are vital to shape and influence policy-making to improve outcomes for everyone in our borough.

Executive summary

The “building blocks of health” help to answer the question of “what makes us healthy,” identifying the foundation that contributes to quality of life and reduces the risk of ill health.

Against the backdrop of widening health inequalities in recent years – in which our environments, housing, work, transport, educational opportunities and financial resources all play a role – these building blocks are as important as ever for understanding how surroundings influence the health and wellbeing of Bury residents.

Delivering preventative interventions closest to where people live allows us to address these building blocks head on, using neighbourhood-centred approaches.

The Bury Public Health Annual Report for 2025/26 focuses on:

- what the data tells us about the impact of these building blocks on society’s ability to live in good health, and the cost implications when preventative action isn’t taken
- the importance of neighbourhoods in supporting people to lead healthy lives and actively reduce inequalities, with services being designed for and by the communities they serve
- recommendations to improve outcomes in Bury, with actions to be decided and taken forward in collaboration with all those who have a part to play



Image courtesy of The Health Foundation

Introduction

Bury faces rising and increasingly complex demand across health, social care, children's services, housing, community safety and wider public services. Much of this demand is associated with inequalities and the conditions in which people are born, grow, live, work and age. The Health Foundation describes these as the "building blocks of health," framed through the lens of "our jobs and homes, our access to education, public transport and safe green spaces with clean air, and whether we experience poverty or discrimination."

Each of the "blocks" holds responsibility for when and how individuals interact with the health and social care system:

inequalities between local environments, including the air people breathe and the retail or food outlets located closest to neighbourhoods, can lead to poorer respiratory health and increased risk of cardiovascular disease

a lack of affordable, good quality housing affects both physical and mental health, and overcrowding can exacerbate the spread of infectious diseases like Covid or tuberculosis

not having enough money and resources can make it difficult to save money and remain above the poverty line, especially if health deteriorates and causes unemployment (see Bury's 2023/24 Public Health Annual Report on the cost of living)

poor diets and excess calorie intake are linked to significant levels of cardiovascular disease, cancers, and muscular conditions, with foods containing high levels of fat, sugar and salt contributing to malnourishment, diabetes and other non-communicable diseases (NCDs) (see Bury's 2024/25 Public Health Annual Report on commercial determinants of health)

limited transport options disconnect people from work opportunities and public services, reducing access to employment, the ability to walk or cycle, and connection within communities

people with low job security or low job satisfaction are more than twice as likely to report poor health than the average employee, with long work hours being responsible for around a third of total estimated work-related burden of disease globally

social isolation and loneliness are risk factors for poor mental health and cognitive decline, affecting individuals of all ages with high rates of reported loneliness among teenagers

school attendance is not only linked to educational attainment, but also improved individual health outcomes and social opportunities essential to development [1]

Introduction

The list on the previous page demonstrates the far-reaching consequences of these determinants and highlights the importance of timely interventions, to avoid these building blocks crumbling, or disappearing altogether. While the absence of these blocks can worsen health outcomes, ill health and vulnerabilities can increase the risk of people living in precarious housing, being unable to access transport, isolation from family and communities, and barriers to education, to name a few.

This is where prevention steps in. Prevention reduces demand when it helps people avoid crisis, delays escalation, improves community connection, reduces duplication and enables residents to access the right support at the right time. This is a key pillar of public health, not only due to the impact on individuals' health and wellbeing, but to reduce pressure on services, resulting in a system that is more cost-effective in the long term.

Working within neighbourhoods is a vital part of ensuring these building blocks are in place for everyone. In Bury, we are making strides to strengthen existing relationships with organisations delivering services at the heart of local communities, who are instrumental in creating, maintaining and improving health. [2]

In each of its chapters, this report will explore:

- the impact of where and how we live as building blocks of health, and how these play a role long before coming into contact with health services;
- the economics of prevention and the financial impact of poor public health outcomes;
- the power of community-based and neighbourhood-centred models for improving health;
- how preventative activity in Bury forms part of wider initiatives both nationally and across our region; and
- how we will be measuring success against our local strategies and plans, including our LET'S (Local, Enterprising, Together and Strength-based) Do It! Vision for 2030.



LET'S do it!
Shared success across Bury

Chapter 1
Health starts long before the NHS

Where we live, work and learn shapes our health long before we need healthcare





1.1 Setting the scene

Health is created not only by healthcare, but by the social, economic, and environmental conditions in which people are born, grow, live, work, and age.

Modifiable risk factors are a significant driver of non-communicable disease (NCD) in the UK, raising the question of what steps can be taken to prevent ill health in the first instance. Investment in prevention and health equity using both targeted and universal approaches is crucial to reduce the period people live with ill health. This is one of the focus areas of the government's 10 Year Health Plan for England published in July 2025 [3], which pushes for a shift in focus from sickness to prevention.

The NHS and social care play a vital role, there are thousands of people working in Bury's health and care systems who treat people with health and social care needs. Preventing chronic illness across the life course, however, moves away from a disease-orientated approach and allows us to identify opportunities to make a difference to health and wellbeing at an earlier point. This will empower individuals to start well, live well, and age well.

This section will examine the factors impacting our health long before the NHS's and public services' involvement, and how Bury fares in comparison with national and regional figures.

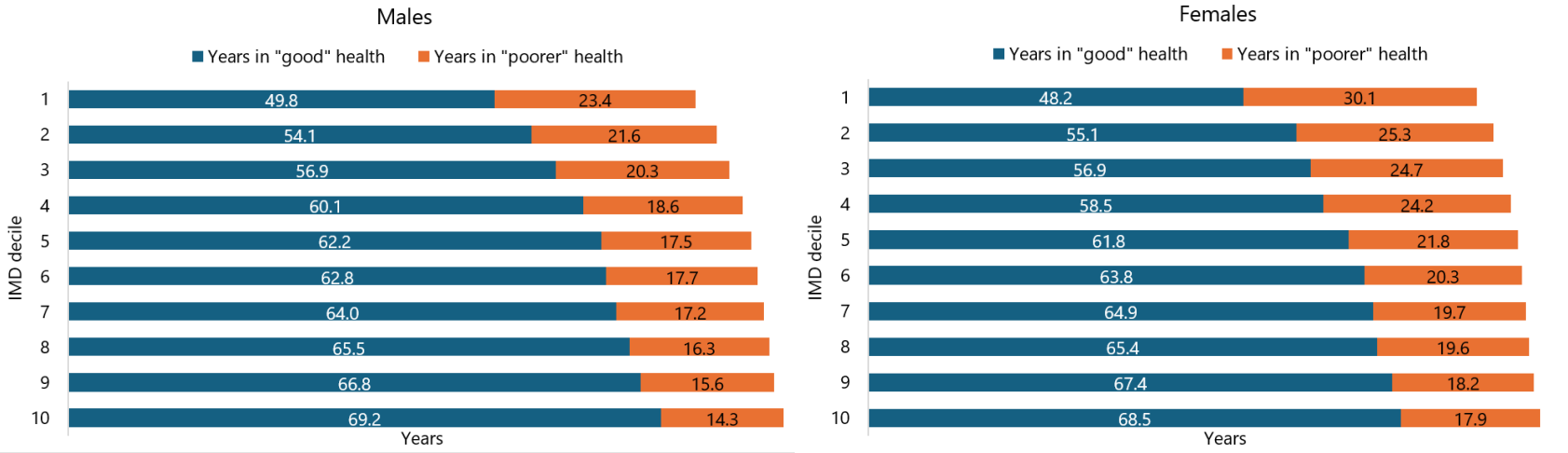


Figure 1: In 2022 to 2024, in the most deprived areas of England, males and females were expected to spend only 49.8 and 48.2 years respectively in "good" health. Source: ONS, 2026

Healthy life expectancy (HLE) is the average number of years a person can expect to live in "good" general health and is based on death rates and self-reported health surveys. [4]

HLE for males in Bury is **57.4 years** (based on 2022-24 data), the lowest (worst) it has been since at least 2011-13.

The England average is 60.9. HLE for females in Bury is **58.2 years** (2022-24), and England's is 61.3.

1.2 Poverty and deprivation

How do we define poverty?

The Joseph Rowntree Foundation describes poverty as "Not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation, and even discrimination, because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society."

How is deprivation defined?

Deprivation refers to a lack of access to opportunities and resources required for a sufficient standard of living such as quality housing, access to health care and employment. Deprivation is not the same as poverty and although both are related, they are distinct concepts. For example, despite having a relatively high income, a person or family may still experience deprivation because of other factors like poor housing conditions, a lack of social support systems, or limited access to opportunities and services.

Deprivation and health have a bidirectional relationship, meaning that often a cycle can form where poverty can lead to poor mental and physical health outcomes, and periods of ill health can heighten someone's risk of experiencing poverty.

In 2016, it was estimated that the cost of poverty on health care – defined as additional public spending owing to greater health care need and use – was £29 billion nationally. [5] With the number of people living in poverty in the UK increasing since, it is sensible to assume that this figure will now be considerably higher.

The main causes of the gap in life expectancy between rich and poor are cardiovascular diseases, cancers, and liver diseases (the latter particularly for women). The main behavioural causes of these illnesses include poor diet, excess alcohol consumption, lack of physical activity, and smoking. These can be driven by low incomes, poor access to good food, and housing, as described in the introduction to this report.

Health in Bury is somewhat less equal than across England as a whole. This reflects the diversity of population that Bury contains, ranging from urban to rural, and affluent to deprived. There are deprived areas located in Radcliffe and Bury East, and pockets elsewhere in the borough too. Meanwhile, there are areas in Bury North that experience certain advantage, although still alongside areas of deprivation.

1. Health starts long before the NHS

Children living in deprived areas are likely to experience health inequalities at an earlier point, with a heightened risk of Adverse Childhood Experiences (ACEs), and increased likelihood of obesity and poorer mental health, to name just a couple of examples.

In Bury in 2024/25, 25.5% of children (aged under 16 years) lived in low-income households, a decrease from 27.8% for the previous year (2023/24). [6] This proportion was significantly higher than the England average of 19.8%. Data by parliamentary constituency from 2023/24 shows that the percentage of children living in relative poverty (after housing costs) in Bury North is at 37.8% and in Bury South is at 38.0%, higher than the national average of approximately 31%. [7]

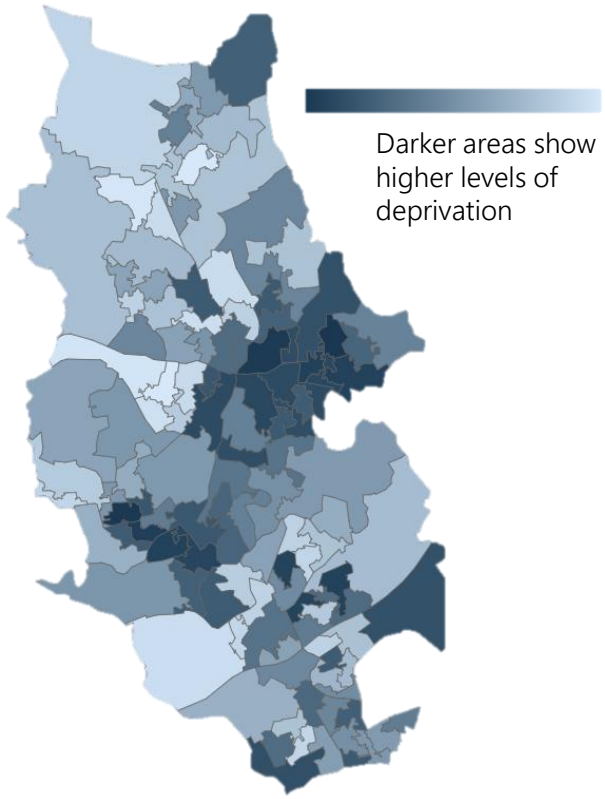


Figure 2: Lower super output areas (LSOAs) in Bury showing their national deprivation decile (2025 data)

In 2020, Bury launched its LET'S do it! Strategy, focusing on recovery following the Covid-19 pandemic, system reform, and longer-term goals to drive the borough's efforts to reduce levels of deprivation and improve delivery of public services.

Rooted in LET'S principles, Bury's Anti-Poverty Strategy has been updated for 2025-2027, addressing root causes of poverty and implementing sustainable solutions to reduce poverty and improve the quality of life for all residents in Bury.

In Bury, the Anti-poverty Steering Group meets monthly, and many partners contribute to this including Public Health, Collection and Support, Citizen's Advice, Housing, Strategic Partnerships, the Voluntary Community and Faith Alliance (VFCA), Children's, Climate Action, Communications, NHS GM Integrated Care Board (ICB), Resolve Poverty, Adult Education, Economy and Skills, Business Growth and Infrastructure, Community groups, Councillors and Foodbanks.

According to the Greater Manchester Resident Survey (August 2026), in GM:

- **24%** of parents are materially deprived, a measure focused on everyday experience and whether residents are enjoying a minimum acceptable standard of living
- **30%** of working age adults are materially deprived
- **15%** of those aged 65+ years are materially deprived
- **59%** of materially deprived parents say they are not able to pay bills without cutting back on essentials
- **62%** of materially deprived working age adults cannot take an annual break away from home

1. Health starts long before the NHS

The Fishpool, Goshen, Redvales, and Springs (FGRS) Community Hub provides school uniform support for families across all schools in Bury, supporting well over 1,000 children each year.

Providing a combination of recycled and brand-new uniform, FGRS works with community distribution points and in partnership with local uniform suppliers. The support extends beyond standard uniform, and includes PE kits, coats, shoes, school bags, stationery and football boots, ensuring children can participate fully in school life.

Through grants and fundraising activity, FGRS maintains a small discretionary fund which can be used to spot-purchase essential items for families where specific needs have been identified.

Referrals are received from a range of partners, including schools, with increased referrals from Social Work and Early Help services over the last year reflecting growing levels of need.

In addition to practical support through uniform banks, financial support is available through Bury Council's Crisis Resilience Fund (CRF). Through a single application process, families experiencing financial hardship may be eligible for £50 per primary school child and £100 per secondary school child towards the cost of school uniform.

Public Health has supported partnership working between FGRS, schools and colleagues administering the CRF to improve awareness, access and uptake of available support.

Schools are also expected to support affordability in line with Department for Education guidance, including making second-hand uniform available to parents, keeping branded items to a minimum, and ensuring that uniform costs do not act as a barrier to education.

Collectively, these initiatives help reduce financial pressures on families, remove barriers to school attendance, and support improved health, wellbeing and life opportunities for children and young people across Bury.

Average cost of a secondary school uniform, including PE kit £389

Year-round service, busiest period during summer holidays with additional peaks in demand around Christmas and January

Blazers retailing for £45 may be available for between £20 to £35, with flexible payment options if needed



1.3 Employment

Work is an important building block, with clear evidence that unemployment has a negative impact on health. Likewise, good work is an important contributor to health and wellbeing across people's lives [8], and low-quality work can be worse for health than unemployment. [9]

As we see with the bidirectional relationship with poverty, health also influences employment. It is estimated that around a third of the productivity gap between the North and South of England is caused by poor health. [10]

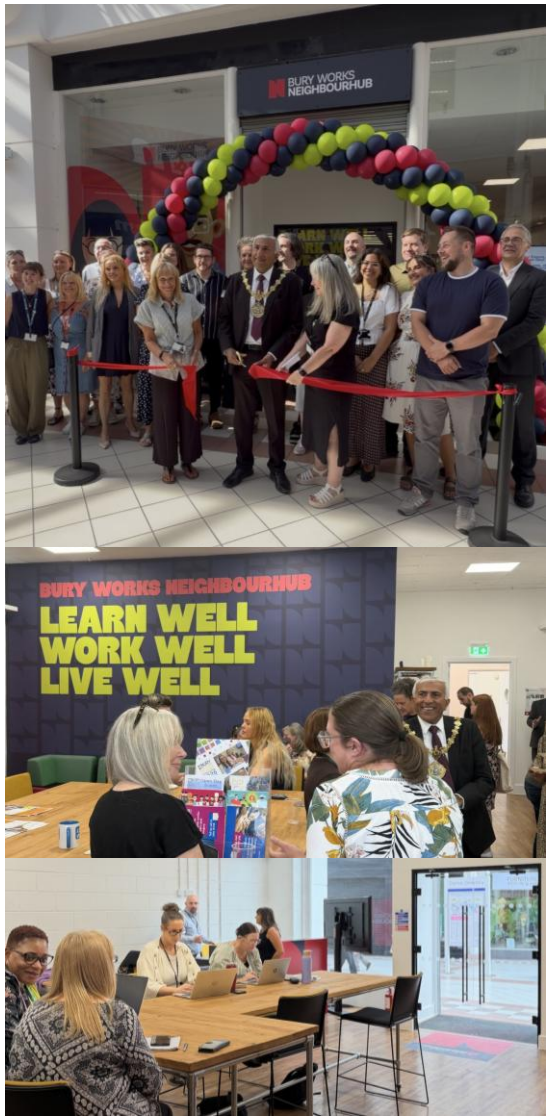
The percentage of people in employment in Bury aged 16 to 64 was 70.1% in 2024/25, which is statistically worse than both regional (73.7%) and national (75.7%) averages. [11]

Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth. People with long term psychiatric problems are less likely to be in employment than those with long-term physical disabilities, despite indications that most people with severe mental illness would like to work.

Between 2013 and 2023, the unemployment rate in Bury showed a steady overall decline, reflecting improving labour market conditions. In 2013, the rate stood at 7.0%, gradually decreasing to 4.2% by 2017, and falling further to 3.4% in 2023. In 2025, however, there was an uptick in unemployment at 5.3% (a 1.3 percentage point increase from 2024). This increase is mirrored in the North West and England, and will need to be monitored closely to see whether a trend is maintained.

Of the 981,000 young people not in education, employment or training (NEET) in the UK, around 60% were economically inactive, with around 40% being unemployed [12] – this means most are disconnected from both employment and education opportunities. Ill health is a large factor in who becomes NEET, particularly when it comes to mental health conditions. [13]

In Bury, the proportion of young people who are NEET is has increased slightly according to recently released figures, and is 4.3% (2025/26) of 16–17-year-olds, compared with 3.9% in 2022/23. This percentage remains below national regional averages (4.9% and 5.8% respectively). [14]



1. Health starts long before the NHS

Greater Manchester WorkWell Partnership Vanguard

The Department for Work and Pensions (DWP) and the Department for Health and Social Care (DHSC) committed £57 million in grant funding to enable pilot areas in England to design and deliver local integrated work and health support services, termed WorkWell Partnership Vanguard Services.

During the pilot period for this programme, between October 2024 and March 2026, 356 Bury residents were provided with personalised support to reduce the risk of falling out of work due to health conditions, or for those recently unemployed and experiencing health-related barriers.

"I feel I have been listened to, given great guidance and am thankful to say that support around interview preparation, in particular, has led to a job offer with a company I had previously applied to and been unsuccessful at. I have nothing but positive feedback to express regarding my experience with The Growth Company. Thank you so much for all of the support!"

Bury resident accessing the WorkWell programme

Bury WorkWell delivers a partnership-driven model, with strong collaboration between the local authority and the Growth Company to generate referrals and support delivery. The offer is characterised by growing integration with primary care, engagement with Jobcentre Plus and employers, and plans to embed support within health services (including musculoskeletal and secondary care via the Northern Care Alliance).

Bury is also developing its business engagement approach and co-location models, alongside a focus on targeted cohorts (e.g. MSK and mental health) and aligning WorkWell within the wider work and skills system.

"The WorkWell Vanguard provided a valuable opportunity to strengthen relationships with colleagues across the Integrated Care Board (ICB) and the wider health system. The continued support and collaboration were greatly appreciated throughout the programme. The Vanguard has been instrumental in demonstrating how services can be simplified and adapted to better meet the needs of residents. It has also helped to establish stronger foundations for the further integration of health, employment, and skills services."

Bury WorkWell

Key learnings:

- Relationships are key – participants consistently valued empathetic, non-judgemental coaches, personalised support, regular engagement and trusted relationships. Collaboration between local leads and the Greater Manchester project team also supported the programme's success
- Core consistency with local flexibility – instead of a one-size-fits-all approach, each locality tailored delivery to local needs, assets and existing infrastructure
- No wrong door integration – integration of health, employment, skills, local authority, NHS, DWP, and VCFSE. This was a key enabler of positive participant outcomes.

1.4 Housing

Houses are more than physical structures providing shelter. They are homes where we bring up our families, socialise with friends, keep our possessions safe and take refuge from the rest of the world. In Bury, an ageing population, increasing numbers of individuals with complex needs, and growing demand for accessible and supported housing mean that a more integrated and person-centred approach is essential in this context.

In England, 3.7 million households live in "non-decent" homes, costing the NHS an estimated £1.4 billion a year. [15] National recommendations include treating housing as a core determinant of health and a prevention priority, rather than a contextual factor to health and wellbeing. [16]

Owner occupation of housing in Bury stands at 66.9%, above the England average of 63%. Private renters now make up 17-18% of households, up sharply over the last decade and approximately 15% of households live in affordable housing. Individuals living in Bury are significantly more likely to find it difficult to afford rent compared to the Greater Manchester average (59% and 46% respectively). [17]

Data published in September 2026 points to 9.7% of households in Bury living with fuel poverty in 2024, showing a steady decrease from 13.4% in 2021. [18] Housing conditions, especially being able to heat our homes adequately, are linked to lower rates of excess winter deaths. [19] In view of rising fuel prices, measures should be taken to improve insulation which, in addition to retaining heat within the home, also reduces the risk of serious damp and mould. [20]

With more frequent and intense heatwaves taking place, overheating also presents a public health risk particularly in urban housing, although there are less data surrounding the health impacts of overheated homes when compared with cold homes. [21] Nevertheless, as with other wider determinants, there will be population groups who are more vulnerable to the consequences of climate change.



1. Health starts long before the NHS

The Homes for Bury Housing Strategy 2026-2036, shaped by residents, stakeholders and partners across the borough and beyond, has a vision of working together to ensure everyone in Bury has access to a safe, affordable home that reduces inequalities, supports health and wellbeing, and creates strong, thriving communities. As a result of the strategy, housing plans will be more aligned with health and care priorities, and pathways in this space will be strengthened to support long-term wellbeing.

Damp and mould

Over the last year, Housing Services has continued to strengthen its approach to damp and mould, recognising the significant impact poor housing conditions can have on residents' physical and mental health.

Key areas of focus:

- Preparing for the implementation of Awaab's Law by reviewing policies, procedures and operational practices to ensure compliance with emerging legislative requirements and response timeframes
- Introducing enhanced monitoring, reporting and escalation arrangements for damp and mould cases to ensure concerns are identified and addressed more quickly
- Delivering damp and mould awareness training across Housing Services and working with partner organisations to improve understanding of the causes, health impacts and appropriate responses to damp and mould issues
- Strengthening collaboration between housing staff, repairs teams, health professionals and support services to ensure vulnerable residents receive coordinated support where risks to health are identified
- Promoting a proactive approach to property inspections, early intervention and prevention, helping to identify issues before they become more severe

Hoarding and tenancy sustainment

Housing Services has continued to work closely with Adult Social Care, health services and other partners to support residents displaying hoarding behaviours. Our approach recognises that hoarding is often linked to wider health, wellbeing and vulnerability issues and requires a multi-agency response.

Activity has included:

- Early identification of hoarding concerns through tenancy visits, estate inspections and safeguarding referrals
- Multi-agency case management involving Housing, Adult Social Care, health professionals and support providers
- Person-centred interventions focused on supporting residents to safely remain independent while reducing risks associated with hoarding
- Coordinated support to improve property conditions, reduce fire risks and improve resident wellbeing



Photo: Kevin Waterhouse / Geograph, CC BY-SA 2.0

1.5 Education

Education brings many benefits for individuals and for society more broadly. It improves career prospects, boosts the economy and extends our lifespans. Education is not only about acquiring knowledge and skills but also about personal growth, critical thinking and social development.

Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future.

Educational attainment is influenced by both the quality of education children receive and the building blocks described in the introduction to this report. Indicators such as educational attainment, resilience and emotional wellbeing offer valuable insights into the experiences and outcomes of young people in education.

In 2024/25, 65.2% of children in Bury achieved a good level of development at the end of Reception, which is statistically worse than the national average of 68.3%, and similar to the North West average at 65.0%. "Good level of development" is determined by whether children reach expected level for learning goals within 5 areas relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.

Analysis of the data shows lower levels of school readiness among the following groups of children in Bury:

- living in the most deprived areas
- first language status other than English
- free school meal eligibility
- born in the summer (May to August)
- males show a lower level of good development when compared with females

Promoting educational inclusion and engagement is crucial for ensuring every child and young person has equal opportunities to thrive academically and socially. It involves creating an inclusive educational environment that supports the needs of all pupils, including those facing challenges or barriers to learning. By addressing factors like disengagement, absence and exclusion, we can strive for educational equity and positive outcomes for every pupil.

Bury's Education and Inclusion Strategy (2025) commits to inclusivity, safety, effective settings, collaboration and connectivity, and sufficient and sustainable systems to achieve the best outcomes for our borough's children and young people. Governance is led by an Education and Inclusion Board, bringing together stakeholders from a variety of agencies, and interacting with other leadership boards with involvement from public health.



1.6 Transport

- According to research, transport, health and wellbeing can be linked by three factors [22]:

- access to health services, particularly for vulnerable groups
- how modes of transport affect physical and mental health
- transport as a facilitator for social interactions and social inclusion

A transport system that is easily accessible, reliable and affordable enables access to work, friends and family, as well as health-supporting facilities. People who rate public transport as "good" are almost three times more likely than those who rate it as "poor" to be able to access public services like health care, food shops or education. They are also less likely to report feeling under strain, being dissatisfied with life or experiencing mental health problems. [23]

When certain population groups are less likely to have access to cars – young adults, members of ethnic minority groups, and individuals with no qualifications [24] – a car-dependent (and car-centred) transport system risks exacerbating existing health inequalities and social exclusion.

According to Census 2021 data [25], 49.7% of Bury residents described their method used to travel to work as driving a car or van, compared with 45.1% in England and Wales, with public transport and active travel also less frequent (with the exception of the "underground, metro, light rail, tram" option). Percentages for each also varied within Bury depending on the ward, for example Radcliffe North & Ainsworth had the highest percentage of people aged 16+ driving to work in a car or van at 57.5%, while St Mary's had the lowest at 43.1%.

Inequalities in accessing public transport, such as infrequent services in more rural areas, lack of transport network coverage, and barriers to disabled adults, can contribute to transport poverty and health inequity. [26] Public transport offers a huge amount of wellbeing benefits and autonomy, ranging from increased physical activity to walk or cycle to a travel hub, to the environmental impact of taking the train or bus over private cars.

Satisfaction with the availability of **public transport in Bury is in line with the GM average (71%),** however **half of respondents are dissatisfied with the conditions of paved areas,** significantly higher than the GM average (GM Residents Survey, September 2026)





1. Health starts long before the NHS

The development of the Bee Network, managed by Transport for Greater Manchester, saw bus franchising and cheaper fares for Bury residents from September 2023 onwards. A refurbished Bury Interchange will be more accessible, with proposals to modernise existing stops in the Bury Metrolink line to Manchester.

Active travel must also be factored into any transport plans, with walking, wheeling and cycling essential for targeting carbon neutrality and encouraging physical activity. These two aims go hand in hand.

Using schools as an example, traffic-related pollution around schools has been reported to have significant health impact on children, including air pollutants affecting lung development. For accessibility, lots of schools are located near main roads where emissions from vehicles reach beyond the road, and into classrooms. [27] The creation of school clean air zones, active travel schemes for the school commute, and green infrastructure are just a few interventions that can provide health benefits in and around schools.

Active Travel Schemes are already underway in Bury funded by the UK Government's City Region Sustainable Transport Settlement (CRSTS), with Phases 1 and 2 completed in Fishpool and Pimhole benefitting from the £5.7 million project as part of the Bee Network.

The vision set out in the Bury Local Transport Strategy 2040 states that "by 2040, the Borough's townships will be connected to each other, to Greater Manchester and beyond by an affordable, safe, reliable, and well-maintained low carbon transport system. It will be easy to get around by public transport, on foot and by bike. Walking and cycling will be the first choice for short journeys and for those who are able to walk and cycle. Investment in transport will help grow the economy, reduce deprivation and improve the health and wellbeing of residents."





Number of bike loans in 2025/26 across Bury's four bike library sites: 126

Number of bikes fixed through "Bury Bike Hospital": 180

Number of bikes fixed at "Dr Bike" pop-ups (12 events): 364

1.7 Community Safety

Community safety, crime and public health are interconnected, and often highlight inequalities. Community safety is a determinant of health – people who feel unsafe being less likely to use parks and public spaces, walk or cycle, and participate in community activities and build social connections.

Offending behaviour is very often linked to physical and mental health, taking the example of drug and alcohol use increasing the risk of being both a perpetrator and victim of crime. Reoffending has a wide impact on the health and wellbeing of individuals, their children and families, and the communities in which they live.

Tackling offending and reoffending benefits a wide range of services, as well as enhancing their outcomes. Public health is a crucial part of a multi-agency approach to reducing reoffending, which includes police, courts, prisons, probation, community safety partners, social services, housing and education at a local level.

Bury is overall one of the safest boroughs in Greater Manchester, however criminality and harm are not experienced equally by all communities according to protected characteristics and geographies. Bury's rate of total recorded offences (excluding fraud) per 1,000 population was 91.91 in 2026, compared with Stockport at 74.53 as the lowest and Manchester at 143.02 as the highest in Greater Manchester.

Bury CSP priorities for 2025-28

- Tackling offenses against children
- Prevention of, and earlier intervention on, serious violence
- Domestic abuse in the context of the trio of vulnerability
- Supporting and safeguarding cohesive communities
- Ensuring resilient, safer places and spaces

Community Safety Partnerships work on the basis that no single agency can address all drivers of crime and antisocial behaviour, and that effective partnership working is vital to ensuring safer communities. [28]
Health partners are statutory members of CSPs in England and Wales, due to their role in:

- supporting individuals with mental health needs
- providing drug and alcohol treatment services
- identifying opportunities for early help and intervention
- safeguarding children and vulnerable adults
- sharing data on violence-related injuries

Bury Community Safety Partnership's (CSP) Strategy for 2025-28 emphasises dialogue with local partners and communities across the borough.

Over four in five Bury residents (84%) agree their local area is a place where **people from different backgrounds get on well together,** significantly higher than the GM average (77%) (GM Residents Survey, September 2026)



Bury Domestic Abuse Strategy

Domestic abuse has far-reaching consequences, affecting individuals of all ages, backgrounds and communities. Profoundly impacting individuals, children, families and neighbourhoods, it is intrinsically linked to health, wellbeing and long-term life outcomes.

Domestic abuse affects thousands of Bury residents each year, with many incidents going unreported and unseen. The Domestic Abuse Act of 2021 defines domestic abuse as any single incident or pattern of behaviour, between people aged 16 and over who are or have been personally connected. The Act also covers children who see, hear or experience the effects of abuse as victims in their own right, including unborn children.

Bury is working towards a "no wrong door" approach through neighbourhood working, universal services, Live Well, and a coordinated partnership response. Shaped by local data and victim, survivor and children's voices, the strategy is governed by the Domestic Abuse Partnership Board (DAPB) which ensures services are coordinated, needs are assessed, and gaps in provision are identified and addressed. Partners range from healthcare providers, Greater Manchester Police, Bury VCFA, charities, and the Council itself.

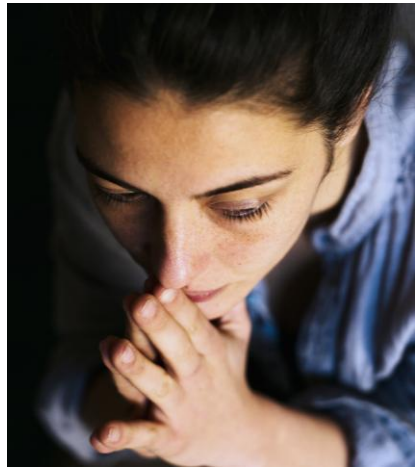
We want to see Bury become a borough where domestic abuse is recognised early, responded to consistently, and where victims, survivors and children are heard, supported and never left to navigate the system alone.

Prevention & Early Intervention	Victims, Survivors & Communities	Children & Young People	Perpetrators & Risk Management	Leadership, Learning & Accountability
Recognise abuse early and prevent harm sooner	Providing the right support, at the right time	Ensuring children are seen, heard, supported and safe	Reduce harm and hold perpetrators to account	Learn, improve and deliver better outcomes

Figure 3: Bury Domestic Abuse Strategy 2026-2028 Priorities

The estimated economic cost of DA is £89.3 billion nationally (2025/26) (Source GOV.UK)

One in eight women experienced DA, sexual assault or stalking in 2025 (Source GOV.UK) **– this equates to around 12,073 Bury women**



1. Health starts long before the NHS

Enhanced Live Well Test & Learn pilot

In late 2026, the Enhanced Live Well (ELW) Programme pilot was launched, designed to support a small cohort of individuals experiencing the highest levels of multiple disadvantage who are not engaging effectively with existing services.

Through a coordinated, targeted and intensive multi-agency approach, the pilot's aims are to improve engagement, reduce barriers to support, and provide flexible, person-centred interventions that promote independence, wellbeing and long-term positive outcomes.

The ELW Test & Learn pilot aims to:

- Provide a coordinated, targeted and intensive approach for individuals experiencing multiple disadvantage and complex needs
- Reduce barriers to accessing and navigating support, preventing individuals from being passed between services
- Deliver flexible, person-centred support that promotes independence, autonomy and wellbeing
- Share risk, responsibility and case coordination across partner agencies for a small cohort of complex cases
- Strengthen system-wide collaboration, improve professional relationships and reduce pressure on frontline services



Eligibility:

The service is for adults aged 18+ living in Bury (or without a fixed address in Bury) who experience significant multiple disadvantage and have historically faced barriers to accessing or engaging with traditional support services.

Individuals must meet at least three of the following five indicators:

- Homelessness or risk of homelessness
- Drug and/or alcohol dependency
- Complex mental health challenges
- Contact with the criminal justice system
- Domestic abuse



Due to the intensive nature of the support provided, the pilot will start by supporting a maximum of 20 individuals at any one time. The programme will involve multiple partners, delivered by a team of dedicated Navigators employed by local VCFSE organisations, including Project Free, Early Break, and Big Life Group.

The pilot's delivery will take place during 2026/27, with the possibility to extend its duration. Bury Council will work with Greater Manchester Combined Authority (GMCA) to evaluate the project and demonstrate impact.

Chapter 2
The economics of prevention

Making the case for timely investment to impact longer-term outcomes





2.1 Framing prevention as cure

As seen in Chapter 1, lack of action in each of the building blocks leads to increasing costs at the expense of individuals' health, and society's pocket too.

Health inequalities are not only unfair in terms of life chances; they also create substantial economic costs, driving demand on public services, constraining the borough's growth, and result in lost individual contributions.

Published in September 2024, Lord Darzi's independent investigation of the NHS in England stated, "everybody knows that prevention is better than cure." Protecting health is far less costly than tackling the consequences of illness [29], especially considering increasing numbers of people living with long-term conditions, rising urgent and emergency care demand, elective care backlogs, and workforce challenges.

Prevention matters now more than ever. Public health interventions have a vital role, in addition to keeping people living healthier lives for longer, as cost-saving measures. Cuts to public health budgets are likely to generate billions of pounds of additional costs to health services and the wider economy according to reviews focused on the return on investment (ROI) of public health expenditure. [30]

A sustainable health and care system relies on timely treatment of illness, but also on collective efforts across the council, NHS, and voluntary sector to prevent ill health to start with. This chapter focuses on the costs, not only financial, associated with the burden of ill health, framed through the lens of economics of prevention.



Photo: Gerald England / Geograph, CC BY-SA 2.0



Photo: David Dixon / Geograph, CC BY-SA 2.0

2.2 Rising demand

The population of Bury is growing and ageing. The proportion of the population aged 65 and over is projected to grow from 18% to 21% by 2040, and the proportion of the population aged 80 and over is projected to from 5% to 7% by 2040. Over the same time the proportion aged under 20 is projected to fall from 25% to 23%.

This poses a challenge for our adult social care services, which already support nearly 3,000 adults, with a rising need for home care.

Bury's Primary Care landscape tells us that demand continues to outstrip supply. Approximately 4,000 GP appointments are made available across Bury each day, and referrals to community pharmacies are increasing due to the wider range of services available through schemes like Pharmacy First or the Minor Ailments Service.

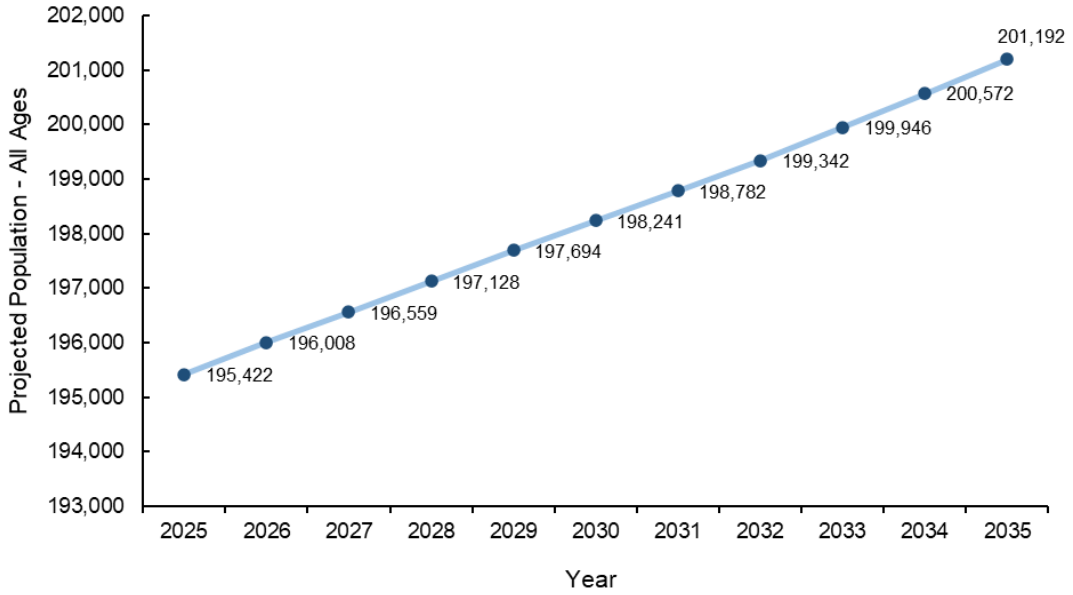


Figure 4: Population projections for all ages in Bury from 2025 to 2035 (Source: ONS, 2022)

Despite investment in community and primary care capacity, including extended access services, pressures also seen in urgent and emergency care are leading to greater use of primary care services.

Bury residents are experiencing long waits for secondary care, for example 65+ week waits for urology and gynaecology following a referral, and large numbers of patients waiting for dermatology, and trauma and orthopaedics.

Many plans linked to public service reform are born out of a predicted rise in residents relying on public services to keep them well, and prioritise collaborative efforts to design a sustainable, supportive health and care system.



2.3 Spending to save

Despite the compelling argument for prevention, it is often difficult to prioritise within organisations, particularly those that bear the brunt of supporting people during times of urgent need or crisis.

To realise the full value of prevention, organisations must think beyond their "natural" boundaries and consider the health and care system in its entirety, helping shape outcomes through interconnected services, community-based delivery and collective efforts.

Elsewhere in Greater Manchester, community hub models have demonstrated ROI in the form of £5.22 for every £1 invested based on 2024 activity data at two hub locations, increasing to £17.71 if scaled for all contacts at hubs. The ROI calculation was based on GP appointments avoided, costed at £45 per consultation, and police-related costs attributed at £846 per incident. Lots of outcomes stemming from this research could not be assigned financial values, such as reduced social isolation, improved wellbeing, and employment support. [31]

Many prevention programmes generate returns significantly exceeding their initial investment, particularly when benefits are considered across health, social care, welfare, education and employment systems. Importantly, these benefits often build over time, which is why it is helpful to view prevention an investment rather than a cost.

We should not question whether prevention works, nor ask it to act as solely a cost-saving measure, but how much we are willing to invest and at what scale to reap the rewards of early investment.

Strengthened prevention measures run through Bury's Locality Plan, particularly through the adoption of a neighbourhood approach across its five neighbourhoods – Prestwich, Whitefield, Bury, Radcliffe, and Ramsbottom/Tottington. These plans align with the "left shift" approach towards upstream prevention [32], reducing avoidable demand and improving sustainability.

Chapter 4 will highlight examples of public health programmes resulting in net savings to the public sector and health system, while improving health outcomes for our population.

Chapter 3
The power of neighbourhoods

Local communities as both drivers and hosts for public health intervention





3. The power of neighbourhoods

Like the building blocks of health, neighbourhood health is based in the understanding that the best health outcomes are not created in hospitals but instead start in communities. [33] With a national shift towards neighbourhood health, aiming to bring care closer to where people live, Bury's public health efforts are already well placed to bring this vision to life.

Neighbourhood working and empowered local communities are also at the heart of LET'S do it! and Public Service Reform.

This chapter outlines key programmes of neighbourhood-based interventions delivered in Bury with public health partners, supporting residents to maximise their health potential.

3.1 What does neighbourhood-based delivery look like in Bury?

An asset-based approach starts with the skills, relationships, places, groups and informal networks that already exist in communities. This shifts the narrative from dependency to capability and helps residents, groups and services work together to create sustainable solutions.

Bury has begun to develop neighbourhood placemats and asset mapping. These should be strengthened, maintained and connected to social prescribing, community navigation, Family Hubs, libraries, customer services and wider frontline practice.

Integrated Neighbourhood Teams (INTs) are at the centre of Bury's plans to bring together health, social care, and voluntary/third sector services in the community. The core functions of the INTs are to deliver and co-ordinate person centred care through detailed assessment of clinical, social and environmental needs working with the individual to plan and enable independency, whilst achieving personal goals and fulfilling aspirations. Active case management aims to prevent escalation and crisis. Co-ordinated multidisciplinary working, across professional and organisational boundaries, are a key part of this.

3. The power of neighbourhoods

Public Service Leadership Teams (PSLTs) are groups of place-based individuals leading the delivery of activity at a neighbourhood level from across each pillar of our neighbourhood model. There is a PSLT in each of Bury's five neighbourhood footprints, providing system leadership, these teams act Team Bury at place, for example, Team Prestwich, or Team Radcliffe.

PSLT representatives provide a vital link between the overall strategic direction set for our neighbourhood model through the Public Service Reform Steering Group and the array of front-line practitioners across the borough. Core Membership of each neighbourhood PSLT consists of a representative from the below teams. However, in keeping with the 'Local' principle of LET'S do it!, there is flexibility in broader membership to reflect specific attributes and activity in each neighbourhood.

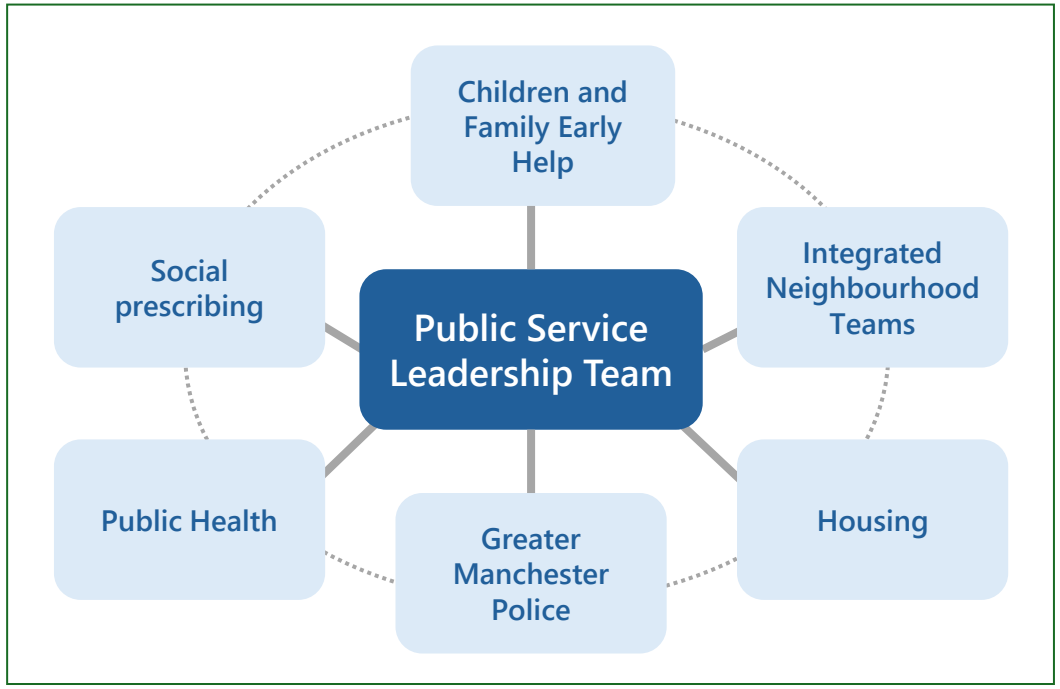


Figure 5: Public Service Leadership Team (PSLT) participation



Figure 6: Bury's community wellbeing ecosystem

3.2 GM Live Well

Bringing place-based prevention to people's front doors, GM Live Well is a key Greater Manchester mayoral manifesto commitment, funded through investment from GMCA, National Lottery Community Fund, NHS Greater Manchester (NHS GM) and national government.

Live Well is a programme designed to provide stronger network of support to make it easier for people to help themselves, their families and those they care for in the community. It is about building a connected and resilient network of community organisation, public services and local businesses working together.

The opportunities presented by the GM Live Well partnership represent a shift towards community-based prevention, aimed at removing barriers and creating conditions where people can thrive.

The shared vision for Live Well is underpinned by hallmarks that have been coproduced to provide a framework for design and delivery of neighbourhood support, so that communities can act on what means most for them.

Bury's Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is a driving partner in the rollout of Live Well activity, led by Bury Voluntary, Community and Faith Alliance (VCFA).

Whitefield welcomed Bury's first Live Well Centre in August 2026, a dedicated centre to bring together community activity, advice, support and services under one roof. The centre forms part of a wider ambition to create a network of accessible Live Well spaces across Bury, helping residents access support, opportunities and connection closer to home.

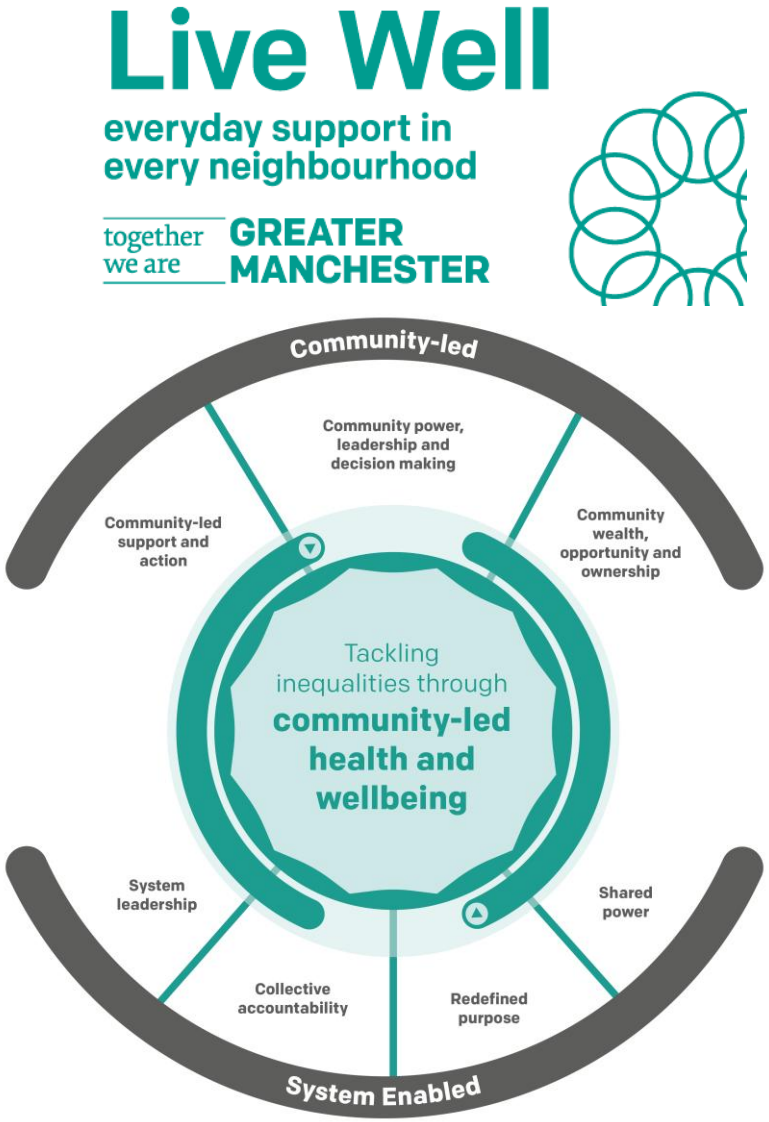


Figure 7: Greater Manchester Live Well framework

3. The power of neighbourhoods

The aim is for the Whitefield site to inform the development of further Live Well centres and neighbourhood spaces across the borough. Around 200 residents, community organisations and partners came together to celebrate the official opening, and the event provided an opportunity for residents to learn about support available in their area and explore the new facilities.

Due to funding being secured for 2026/27 and 2027/28, the Live Well offer will continue across Bury, providing a "no wrong door" approach to universal and targeted support. Multi-agency collaboration across sectors and coproduction with our population will remain core components of the programme as it expands.



3.3 Family Hubs

Forming part of the Best Start Local Plan which is Bury's Vision for Improving Outcomes in the Early Years, Bury's Family Hubs are designed to provide accessible, integrated support, helping families to find the right information, services, and support at the right time. This includes a strong focus on early intervention, child development, parenting support, inclusion and reducing inequalities.

Currently, there are six main Family Hubs in Bury located across our neighbourhoods. Each has an individual timetable of sessions that can be accessed by families ranging from antenatal care through to youth services. [34] Alongside Family Hub sessions, the team work closely with the Parenting Team, Adult Learning, Health and a wide range of partners to provide a broader, connected offer for families.

In October 2025, it was announced that Bury would benefit from £137,208 allocated from central government grant funding for Best Start in Life Family Hubs. This built on pilot activity elsewhere in the country, with a national aim of hubs in every local authority by 2028. As Bury's trailblazer site for the government initiative, Whitefield Hub based in Whitefield's Children's Centre brings together providers, VCFSE and community assets, and health services. Bringing value to the wider system, the Hub creates one coordinated front door for families, reduces duplication and silo working, builds trust between families and services, and strengthens the neighbourhood model by supporting place-based delivery.

Key outcomes for the site include:

- Improved early identification of family needs through coordinated triage
- Reduced escalation into statutory services through preventative, holistic support
- Stronger family resilience and greater capacity for self-help
- Children achieving better health, education and wellbeing outcomes
- Families experiencing smoother pathways, with fewer assessments and fewer repeated stories
- Stronger connections between families, community assets, schools and services

Between July and September 2026, Family Hubs recorded 8,357 attendances across their centres, outreach venues, and outdoor play sessions



Live Well Hallmark	How Family Hubs deliver this in Whitefield
Prevention First	Universal activities, drop-ins, early identification, and early help pathways
Person-centred	Whole-family assessments, tailored plans, and flexible support options
Strengths-based practice	Building on family strengths, networks and existing capabilities
Connected communities	Linking families to local groups, peer support, and community-led initiatives
Living Well at Home and Neighbourhood level	Support delivered close to home, reducing barriers and increasing engagement
Collaborative working	MDTs, co-location, shared plans, and integrated case reviews

Table 1: Alignment with the Live Well model – embedding hallmarks through Family Hubs

3.4 Libraries

Libraries are a key vehicle for supporting health literacy and self-management, providing health-related information and activities, and connecting individuals from across communities. [35] Partnerships focused on targeting specific health priorities deliver an array of interventions in libraries, helping to tackle inequalities and support informed decision-making.

Lots of studies suggest a close link between frequent library use and reported wellbeing. Research carried out in the South East of England found that, based on modelling methods endorsed by the Treasury, weekly arts and craft sessions for older people generate at least £491,000 each year in health and wellbeing benefits across a range of services. Examples like this are crucial to reducing social isolation and feelings of loneliness, demonstrating the hugely positive impact these settings can have on health and wellbeing. [36]

Bury libraries have almost 40,800 registered members, and in 2025/26 they issued 285,442 items and welcomes 193,500 visitors. Residents also have access to a 24-hour eBooks, audiobooks and magazines via the Borrowbox platform, and home deliveries for vulnerable adults unable to visit libraries.

Our main library sites, located in the town centre, Prestwich, Radcliffe, and Ramsbottom, host a variety of services enhancing their core offer, ranging from "Digital Buddy" sessions to support digital inclusion for our residents, to knitting groups, Stay and Play for families, and Citizen's Advice drop-ins. In 2025/26, our libraries held 2,347 social, educational and advice sessions, with 21,822 people in attendance.

In many ways, libraries are natural delivery partners for informal Live Well spaces and are ideally placed to support the delivery of neighbourhood-based prevention.

Universal Library Offer

Libraries Connected identifies four core offers for delivering community outcomes through libraries:

- **Reading** – from learning to read, to school readiness, to adult literacy, education and self-help, and reading for pleasure
- **Health and wellbeing** – access to health information and signposting, public health programmes, health and wellbeing events
- **Information and digital** – free access to Wi-Fi and PCs, digital support, access to Council and online services
- **Culture and creativity** – social connection opportunities, learning and skills development through community activities



3.5 Leisure centres

The link between leisure centres and improving public health outcomes is clear to see. Across Bury, our leisure offer is shaped by:

- the role of accessible local leisure provision in supporting prevention and increasing physical activity
- concessionary and targeted approaches as part of work to reduce barriers to participation and health inequalities
- the contribution of leisure centres as neighbourhood assets, providing opportunities for activity, community connection and prevention work beyond physical activity

A key current development for leisure is the new Radcliffe Hub, as a major step in the local leisure offer, integrated into a wider community setting. The £40 million Hub, funded through UK Government, Bury Council, and Sport England, the new permanent home for leisure in Radcliffe should provide an accessible local setting through which residents can be supported to become more active and connect with wider community services.





Bury Leisure

Total Castle Leisure Centre attendances in 2025/26 **451,477**

Number of registered members by March 2026 across all Bury leisure sites **5,094**

Jigsaw Bury, a sports and social group for young disabled people in the borough:

- **6 social walks** in April and May 2025 (22 members)
- **5 accessible cycling sessions** (68 members) in June, July and August 2025

3.6 Community groups and the VCFSE sector

The voluntary, community, faith and social enterprise (VCFSE) sector is central to prevention because it is trusted, rooted in communities, responsive and able to reach people in ways statutory services often cannot. VCFSE organisations often identify emerging risks earlier than statutory services, and can also support in fulfilling statutory services often in more creative and cost-effective ways than provided through public sector organisations.

In public health and across the council, we work closely with the VCFSE sector who support our population's health and wellbeing across a variety of themes and venues.

There are approximately 1,250 VCFSE organisations in Bury, 71% of which are micro-organisations (annual income under £10k) which is comparable to the region. This equates to approximately 2,500 full-time equivalent employees and over 26,000 volunteers contributing around £81 million each year to Bury's economy.

The Bury Voluntary, Community and Faith Alliance (VCFA) is the Local Infrastructure Organisation (LIO) for the VCFSE sector in Bury, whose function revolves around leadership and advocacy, partnerships and collaborations, capacity building, and volunteering. Our partnerships with VCFA enable us to ensure community voices help to shape decisions to improve outcomes for residents, communities, places and the environment. Bury VCFA, in turn, nurtures collaborative working and provides opportunities for local voluntary and community organisations to access support and build connections.

VCFA BURY VOLUNTARY, COMMUNITY & FAITH ALLIANCE







3. The power of neighbourhoods

In 2025, a Memorandum of Understanding (MoU) was signed between Bury's VCFSE sector and public sector bodies, setting out shared principles and commitments to work together more effectively as "Team Bury." The MoU is aligned with the Greater Manchester VCSE Accord and ensures community voices are key to decision-making and service delivery. Central to the MoU are commitments to ensure the VCSE sector are represented at strategic governance levels, supporting a financially resilient sector, and recognition of social value.

Key partnerships and projects with Bury VCFA involvement and support include:

- GM Live Well, as showcased earlier in this section
- Bury Older People's Network, "to provide a voice for older people within the local community, giving the opportunity to share what matters and enabling them to enjoy life" as defined by the network's members
- Refugee Welcome Programme (RWP), to support refugees and people seeking asylum across Greater Manchester with education and training, inclusion, and community connection
- Violence Reduction Unit (VRU) Community Led Programme, working with young people aged 10-25 years and their families to offer a diversion away from youth crime and anti-social behaviour
- Working in Green Spaces, involving many types of groups dedicated to maintaining our borough's green spaces
- Keep It Local, offering Corporate Social Responsibility (CSR) solutions to Bury's business community to enhance links to VCFSE organisations



Figure 8: Bury VCFA's offers of support services to local VCFSE groups and organisations

The following groups are less likely to volunteer, compared to the GM average (where 66% have not volunteered, source: GM Residents Survey):

- **85%** those not in work due to ill health or disability
- **83%** those who don't use transport
- **79%** those aged 55-64
- **78%** those who do not go online
- **75%** those who haven't heard of Live Well

Chapter 4
Live Well: Bury's prevention model

Programmes, initiatives and progress to help Bury residents lead healthier lives





4.1 Delivering prevention through a neighbourhood model

In line with Bury's neighbourhood ambitions and the vision set out within the Bury Wellness Strategy centred around prevention, early intervention and community resilience, the Bury Live Well Service has significantly evolved its delivery model to become more place-based, community-focused, and responsive to local need.

The service has supported thousands of people across Bury to reach a healthy weight, build more activity into their daily life, stop smoking, eat better, and generally improve health and wellbeing. Live Well offers a choice of face-to-face or telephone appointments, and accepts self-referrals alongside referrals from GPs or health specialists.

Moving away from a predominantly centralised model of delivery, the service now operates across Bury's five neighbourhoods, embedding staff, programmes and outreach interventions within local communities. Working alongside primary care, voluntary, community and faith organisations, local authorities, housing providers and community groups has helped to create integrated pathways of support.

This in turn enables residents to access holistic support for a range of health and wellbeing needs, including smoking cessation, healthy weight, physical activity, mental wellbeing and wider determinants of health, through a locally coordinated system.

Outreach activity has been tailored to reflect the differing demographic, social and health needs of each neighbourhood, ensuring that interventions are targeted towards communities experiencing the greatest health inequalities.

Bury Live Well

EVERYBODY CAN LIVE WELL

The transition to a neighbourhood delivery model has enabled the Bury Live Well Service to increase its visibility and accessibility within local communities, strengthen partnerships across the health and care system, and ensure resources are directed towards areas of greatest need. Through operating consistently across all five neighbourhoods, the service contributes directly to the delivery of the Bury Wellness Strategy and the wider ambition of creating healthier, more connected communities where every resident has the opportunity to live well.

By aligning service delivery with Bury's five neighbourhoods, the Live Well Service is better positioned to understand local priorities, build trusted relationships with communities, and contribute to reducing health inequalities across the borough. Supporting Bury's ambition to empower residents and communities to live healthier, more independent lives, this chapter showcases the efforts and outcomes of Bury's Live Well Service as an exemplar of neighbourhood-based prevention.

4.2 Primary Care and community outreach

Primary care plays a critical role in prevention through the early identification and management of cardiovascular (heart and circulatory) risk factors, including hypertension (high blood pressure), raised cholesterol and diabetes. GPs make an important contribution to smoking cessation by recording smoking status and supporting those with long-term conditions to access support.

All 25 GP practices in Bury deliver NHS Health Checks for people aged 40 to 74 years, providing a key opportunity to identify risk early, intervene before disease develops, and act as an accessible first point of contact for residents. All practices work towards ensuring all eligible patients are offered structured weight management support and behavioural intervention within 90 days of their body mass index (BMI) being recorded.

As part of the Greater Manchester Live Well model, general practices are funded through the Beyond Core Contract (BeCCoR) scheme to work with neighbourhood partners, taking a more preventative approach: proactively identifying people with poorly managed long-term conditions and those less likely to engage with services, and connecting them with tailored support through VCFSE partnerships. Bury neighbourhoods have already started identifying unmet need and "missing" populations, by analysing data and building relationships with pharmacies, Staying Well teams, VCFSE organisations, Public Health, Social Prescribers and other practices in their Primary Care Networks (PCNs).

An example of primary care community outreach are the drop-in clinics at Growing Together in Radcliffe and the sessions at Red Door in East Bury, delivering outreach and health promotion with local populations. Other work includes providing training and blood pressure monitors to the Staying Well Team to carry out checks. Some neighbourhoods are using the enhanced access scheme to provide appointments for patients outside of normal clinic hours, for example during evenings and weekends, for individuals who wouldn't otherwise be able to attend appointments during the working day.

Following a needs assessment undertaken by Bury's Public Health team, a diabetes prevention and management project – funded through £50,000 from Population Health Greater Manchester's Multi-Year Prevention Plan – was also delivered by Bury GP Federation, Bury VCFA and the Live Well Service. It aimed to improve diabetes prevention, awareness and access to structured diabetes education, particularly within South Asian communities. Key achievements included engaging over 200 residents through community and faith-based settings, delivering health checks and risk conversations through Live Well, and increasing structured diabetes education referral rates. The project demonstrates how neighbourhood-based partnerships with primary care can support prevention, early intervention and the Live Well approach by reaching communities that do not routinely access healthcare services.

4. Live Well – Bury's prevention model

Live Well Community Model

Bury Live Well has delivered over 220 community drop-in sessions within local neighbourhoods, prioritising engagement with communities experiencing the greatest health inequalities including South Asian communities, adults with learning disabilities, children and young people, and families.

By delivering outreach in areas of highest need, the model has reduced barriers to participation, increased access to support and opportunities to improve individual health and wellbeing. This has ensured that residents who are often underserviced can benefit from a preventative, community-based, and person-centred approach – meeting people where they are and focusing on what matters most to them.

Sessions are delivered in community venues and operate as informal drop-in opportunities, with Bury Live Well having had over 2,600 conversations with residents during the last year on topics such as:

- Stop smoking
- Specialist exercise guidance for people with long-term health conditions
- Falls and frailty
- Blood pressure and carbon monoxide (CO) readings
- Diet
- Alcohol
- Breastfeeding
- Menopause
- Vaping

"I have a newfound lease of life from attending the Whitefield bowling club drop-in, I was lonely and isolated before I found this group, I am now travelling and seeing the world with new relationships I've formed."

"I wouldn't have ever referred myself into a Stop Smoking service, but because you are here I am actually prepared to give quitting a go."

"This group saved my breastfeeding journey at 5 weeks, thanks to their support I fed my son until he was 2 years old."

"It's more than just breastfeeding support, it's friendship, expert advice, and a judgement free space."

"I feel less lonely and more supported."

Bury's Live Well Service community approach is built on the principles of:

- **Person-centred support:** listening to what matters to individuals and supporting their own health and wellbeing goals
- **Prevention and early intervention:** addressing health issues early before they escalate into crisis, receive health information and interventions tailored to their needs
- **Accessible support:** delivering services in venues where people already feel comfortable and connected

4.3 Creating healthy environments

Right to Grow

Launched in June 2025, Bury's Right to Grow Policy is a key enabler of the borough's public health ambitions, supporting a preventative approach to health and wellbeing by improving access to green spaces, strengthening community connections, and creating opportunities for residents to take an active role in shaping their local environment. Driving benefits beyond environmental impact, the policy exemplifies how community-led environmental action can directly support improved health outcomes and help create a more inclusive and sustainable borough.

The policy empowers residents and community groups, at five sites across Bury, to utilise appropriate public land for growing food, gardening, biodiversity improvements and community-led greening projects. By increasing opportunities for people to engage with nature and participate in local growing activities, the policy contributes to improved physical health, mental wellbeing and overall quality of life.



Access to high-quality green spaces is recognised as an important determinant of health. Through the creation of new community growing spaces and the enhancement of existing green environments, the Right to Grow Policy helps ensure that more residents can benefit from accessible, welcoming outdoor spaces within their neighbourhoods.

The policy also plays a significant role in tackling social isolation and promoting social inclusion. Community growing projects bring together people of different ages, backgrounds and cultures around a shared purpose, helping to build relationships, develop social networks and foster a greater sense of belonging. This is particularly important for residents who may otherwise experience loneliness, poor mental wellbeing or barriers to community participation.

In supporting community ownership and stewardship of local spaces, the Right to Grow Policy contributes to stronger community cohesion and neighbourhood resilience. Residents are encouraged to work collaboratively to improve local environments, creating pride in place and strengthening collective responsibility for community assets. These activities help build social capital and support Bury's wider ambition of empowering communities to lead local change.

4. Live Well – Bury's prevention model

Bury VCFA have provided comprehensive support with implementing the Right to Grow in Bury by supporting Incredible Edible Prestwich with insights and evidence for their topic paper, support for residents and groups interested in taking on a site and ongoing support for established Right to Grow sites. There are now three Right to Grow sites managed by community groups in Bury who have all received support from Bury VCFA with their Right to Grow sites.

Lancaster Roots Community Garden in Ramsbottom received support with setting up as a community group which included support with writing a governing document, policies, insurance and funding. They were successful in receiving £1,000 through Bury VCFA's Let's Make a Difference fund in October 2025.

Abingdon Green Community Garden in Whitefield received support with applying for funding and were successful in receiving £2,000 through the Let's Live Well and Make Whitefield Green Grant in May 2026. The group is also part of Incredible Edible Prestwich who have been further supported by Bury VCFA to help manage the new volunteers.

Besses Together are the latest community group to take on a Right to Grow site. They were supported by Bury VCFA with setting up the group including advice on bank accounts and insurance. They were also successful in receiving £2,000 through the Let's Live Well and Make Whitefield Green Grant in May 2026.

Putting Bury on the Greater Manchester map

In June 2026, Bury hosted the Greater Manchester Green and Blue Spaces Action Network at Philips Park, welcoming delegates from across the city region.

The event showcased Bury's Right to Grow journey, highlighted some of the borough's newest growing projects and shared learning with partners from other Greater Manchester localities*. Community groups spoke about their experiences and demonstrated the benefits that Right to Grow is bringing to local areas.

The event generated significant interest from organisations across Greater Manchester, with many now exploring how they might develop similar approaches in their own localities. Bury is increasingly being recognised as an example of good practice and innovation in community growing.

*A few weeks later, Right to Grow was also explained at the Greater Manchester Parks Network

4. Live Well – Bury's prevention model



Hot food takeaway planning policy

Bury Public Health has worked closely with the council's Planning team over several years to ensure that planning decisions support the borough's ambitions to improve health outcomes and reduce health inequalities. As part of this approach, Public Health developed and utilised a Hot Food Takeaway Matrix as an evidence-based tool to inform discussions around new hot food takeaway applications.

The matrix brought together a range of locally relevant health and environmental factors, enabling planning policy leads and development management officers to better understand the potential cumulative impact of new hot food takeaway premises on health. Whilst the matrix was not a formal planning policy document, it acted as an important advisory mechanism, ensuring that public health intelligence is consistently considered within the planning process.

As a result of this work, Bury Council has strengthened its approach through the formal adoption of a Hot Food Takeaway Supplementary Planning Document (SPD) in June 2026. The SPD establishes a more robust policy framework for assessing new hot food takeaway applications and reflects the council's commitment to creating healthier food environments.

The SPD introduces a presumption against new hot food takeaway developments unless specific criteria can be satisfied. Applications are now assessed against a range of health-related considerations, including:

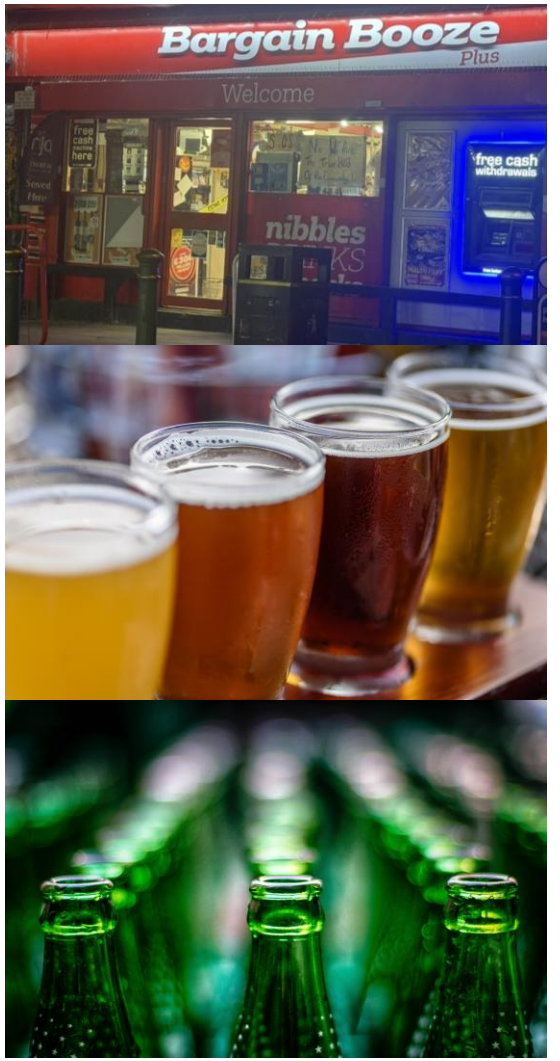
- A 400-metre exclusion zone around secondary schools, helping to limit children's exposure to unhealthy food options during the school day
- Local childhood overweight and obesity prevalence, recognising the importance of planning policy in supporting healthier weight outcomes
- Existing hot food takeaway saturation levels within Lower Super Output Areas (LSOAs), ensuring that areas already experiencing high concentrations of takeaways are not subject to further clustering
- Wider considerations relating to health inequalities, community wellbeing and the creation of healthier neighbourhoods

4. Live Well – Bury's prevention model

The formal adoption of the SPD represents a significant step forward from the previous matrix approach. Whilst the matrix provided valuable intelligence and guidance, the SPD gives planning officers and decision-makers a formally adopted planning framework that carries greater weight within the planning system. This provides greater consistency, transparency and defensibility in decision-making and ensures that health considerations are embedded within the assessment of planning applications from the outset.

Importantly, the SPD supports the wider ambitions of the Bury Wellness Strategy and the council's neighbourhood-based approach by helping to shape healthier local food environments across the borough. By limiting the proliferation of hot food takeaways in areas of greatest need and around locations frequented by children and young people, the policy contributes to efforts to tackle childhood obesity, reduce health inequalities and promote healthier choices.

The adoption of the SPD also demonstrates the value of collaboration between Public Health and Planning, showcasing how local authorities can utilise planning policy as a preventative tool to influence the wider determinants of health. Through this strengthened policy position, Bury is better equipped to support healthier communities and create environments that enable residents to live healthier lives.



Alcohol Harm Matrix

Reducing alcohol-related harm remains a key public health priority in Bury, with alcohol contributing to a range of adverse health outcomes alongside hospital admissions, crime and anti-social behaviour, domestic abuse, and wider social and economic impacts. To support a more evidence-based approach to licensing, Bury Public Health has developed and utilised an Alcohol Harm Matrix to inform discussions and representations relating to licensing applications across the borough.

The Alcohol Harm Matrix brings together a range of local intelligence and population health indicators to identify areas experiencing higher levels of alcohol-related harm and vulnerability. Mirroring the successes of the Hot Food Takeaway Matrix, the tool enables Public Health to assess applications within the context of the communities they will serve, ensuring that licensing decisions are informed by an understanding of local need and potential cumulative impacts.

4. Live Well – Bury's prevention model

The matrix incorporates a range of data sources, including:

- Alcohol-related hospital admissions and health outcomes
- Alcohol-specific mortality and morbidity indicators
- Crime and anti-social behaviour data associated with alcohol consumption
- Levels of deprivation and wider health inequalities
- Existing density and concentration of licensed premises
- Local demographic and community vulnerability indicators

Using this intelligence, Public Health can provide evidence-based advice to the Licensing Committee and responsible authorities when considering new licence applications, variations, and reviews. The matrix does not seek to prevent economic development or responsible business growth. Instead, it ensures that decision makers have access to a comprehensive picture of local alcohol-related harm and can consider whether additional licensed premises may contribute to existing pressures within a community.

The introduction of the matrix has strengthened the role of Public Health within the licensing process by providing a consistent and transparent methodology for assessing potential impacts on population health.

The Alcohol Harm Matrix has delivered several key benefits:

- Strengthened the evidence base available to the Licensing Committee when making licensing decisions
- Improved collaboration between Public Health, Licensing, Greater Manchester Police and other responsible authorities
- Increased the consideration of health inequalities within the licensing process.
- Provided a consistent and transparent framework for assessing alcohol-related risk across the borough
- Enhanced Bury's ability to target interventions and challenge applications where there is evidence of potential harm
- Supported a whole-system approach to reducing alcohol-related harm and creating healthier communities

Through the continued use and refinement of the Alcohol Harm Matrix, Bury Public Health is helping to ensure that licensing decisions are informed not only by regulatory considerations but also by the potential impact on health, wellbeing and community safety.



4.4 Improving safety

Bury's Community Safety Partnership (see Section 1.7 for more information) works closely with Public Health, namely in the following areas to improve safety for Bury residents:

- mutual engagement on delivery plans focussing on suicidal ideation and prevention across the Domestic Abuse Partnership and Bury Water Safety Partnership
- work between the Drug & Alcohol Partnership and Bury Domestic Abuse Partnership to ensure greater synergy between each strategy, particularly joint learning from statutory reviews
- place-based focus on prevention in areas where previously linked crime series or place-based vulnerabilities have been identified, for example a partnership approach to Operation VARDAR in Whitefield
- culturally sensitive approaches to support enhanced community cohesion, including public health messaging around trauma support, resilience, and vaccinations, and involvement in Community Cohesion roundtables

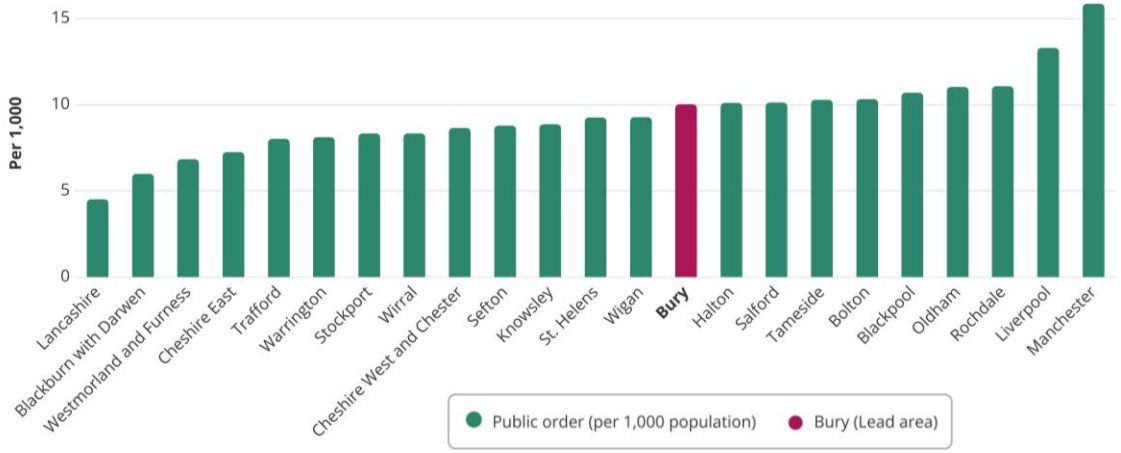


Serious violence

Although Bury's rates of violent offences remain consistently lower than the Greater Manchester average, a Knife Crime Delivery Plan has been developed to include targeted activity to improve crime outcomes, target habitual knife carriers, target hotspots, and strengthen partnership working.

Community safety in the context of Public Service Reform includes: a continuation of place-based, partnership-driven problem solving; commitments through Neighbourhood policing including connectivity into Live Well spaces; targeted collaborate activity on identified cohorts of risk; maximising community assets; and empowering community-led responses, including through Standing Together investment into VCFSE.

Figure 9: Public order (offences per 1,000 population) 2026 (Q1 12 months ending) for North West region (Source: LGA, 2026)



Chapter 5
What will success look like in 2030?

Local strategy to drive progress aligned to our core objectives and aims





5.1 Bury's strategic direction

Our LET'S do it! Vision for 2030 gives us the vehicle to recognise the strengths of the borough and to collectively tackle deep-rooted issues by giving everyone the encouragement and support to play their part, joining together the delivery of all public services as one and delivering an ambitious plan for both social and economic infrastructure.

There are several leadership boards that deliver on the LET'S do it! Ambitions, notably the Public Service Reform Board, Health and Wellbeing Board, Anti-Poverty Steering Group, Regeneration Board, and the Locality Board.

Going hand in hand with the LET'S do it! ambition of making the fastest improvement in reducing levels of deprivation than in any other post-industrial northern locality, the strategy has as one of its core targets to "reduce the life expectancy gap between our worst and best performing areas to under 13 years for men and 10 years for women."

The council has set out additional ambitions in the Bury Locality Plan, revolving around the reform of the health and care system, and improved health for all people in Bury by 2029. The plan's five strategic objectives align with the government's 10 Year Health Plan for England, and the national Neighbourhood Health Framework.

We now have a Bury Strengths Base Demand Reduction and Prevention Strategy 2026-31, acknowledging that many drivers of demand on the council, NHS and wider public services are preventable or can be reduced if people receive the right support earlier, closer to home and in ways that build on their strengths, relationships and community assets.

According to our Health Inequalities Strategy, the success of preventative action – abiding by proportionate universalism principles alongside targeted activity – will be judged by:

- A narrowing gap in life expectancy and healthy life expectancy between communities
- Improvements in outcomes for children and young people, working-age adults, and older people – measured through our population health outcomes framework
- Reduced inequalities in the major causes of premature death and long-term illness
- Stronger, more resilient communities with better access to the building blocks of health



5. What will success look like in 2030?

Ambition: Systematically narrow the gap in life expectancy and healthy life expectancy between communities, particularly between our most and least deprived neighbourhoods

Strategic priorities			
Wider determinants of health	**Health behaviours**	**Healthy places and communities**	**Integrated health and care**
Employment and income	Smoking and alcohol harm	Live Well neighbourhoods	Equitable access
Education and skills	Healthy weight and activity	Community assets	Prevention and early diagnosis
Housing and poverty	Mental wellbeing	Healthy environments	Neighbourhood service integration

Success		
Reduced inequalities in premature mortality and healthy life expectancy	Improved outcomes across the life course	Stronger, more resilient communities

Figure 10: Bury Health Inequalities Strategy (2026-2030) ambitions, priorities, and measures for success

5.2 Healthier places

Social infrastructure refers to a wide range of services and facilities that meet community needs for education, health, social support, recreation, cultural expression, social interaction and community development. From protecting green spaces to the multi-million pound regeneration happening in the town centre, Radcliffe, Prestwich and beyond, healthier places must be factored into our environmental planning to reap the rewards of investment into our communities and shared spaces.

As presented throughout the report, social infrastructure is essential for health, wellbeing and financial prosperity of communities across the borough.

Bury's Health Inequalities Strategy also identifies investment in parks, leisure facilities, libraries, cultural venues and community spaces as major contributors to population health, social connection and resilience.

We expect the projects and programmes outlined in Chapters 3 and 4 to continue to go from strength to strength in the next year, as we have already seen significant progress against the recommendations and aims set out in last year's Public Health Annual Report (see the appendices for more information).







5. What will success look like in 2030?



5.3 Thriving neighbourhoods

Bury's approach to thriving neighbourhoods is built on creating communities that are engaged and proactive, where residents, businesses and public services come together to coproduce improvement.

Our regeneration programmes across our towns are helping to create neighbourhoods that are attractive and connected. Major investments in town centres are bringing new housing, community facilities, public spaces, transport improvements and business opportunities, helping to create places where people want to live, work and spend time.

A thriving neighbourhood also needs a thriving local economy. Across the borough, regeneration and economic development initiatives are supporting local businesses, attracting investment and creating employment opportunities, for example through projects such as the Enterprise Centre, the Northern Gateway/Atom Valley programme. [38]

The borough's place-based model recognises residents, community groups, voluntary organisations and businesses as active partners in shaping healthier neighbourhoods. This can-do approach strengthens resilience and creates communities that are better equipped to tackle challenges together.

The recommendations to follow will present how we will be measuring success by 2030, aligning ourselves with the council-wide vision of health gains to be made with and through public service reform.

Recommendations

Public health core priorities for 2026/27 are underpinned by a key driver to reduce health disparities through a neighbourhood approach. Bury's Health Inequalities Strategy (2026-2030), aligned with the LET'S Vision and strategy, focuses on improving the conditions that matter most for long-term health outcomes:

- Supporting inclusive economic growth so that good work and fair pay benefit all communities
- Improving early years development, educational attainment, and skills, particularly in more deprived areas
- Ensuring access to safe, warm, affordable homes and reducing fuel poverty

This report has highlighted actions being taken by the Council in conjunction with partners across the health and care system. The recommendations produced as a result of the report's findings support the continuation of successes seen in the last year, while also identifying areas for further collaboration, innovation and progress with communities at the centre.

"Rebuilding" blocks for health
Ensure that addressing "building blocks for health" is embedded in Public Health governance and commissioning principles, working across statutory services – social care, education, homelessness support, planning, and licensing – to normalise multidisciplinary approaches to improving health outcomes.
Engage local healthcare delivery partners, namely primary care, community trusts and acute trusts, **on driving a system-wide "left shift" towards upstream prevention in Bury**, emphasising the Return on Investment of early intervention. Deliver system-wide workshops and use forums to agree an action plan, reaching BeCCoR targets.
Evaluate the impact of the Enhanced Live Well Programme pilot to apply learnings to not only those experiencing multiple disadvantages, but others that encounter barriers identified by the pilot but do not meet current eligibility requirements.
Build on successful local activity linked to healthier environments including restriction of unhealthy food outlets, the use of the licensing matrix, and the alcohol harm matrix.

Recommendations

Strengthening and centring neighbourhoods

Continue the development of neighbourhood-based Live Well models during 2027/28 that integrate public services with voluntary, community, and faith organisations, as exemplified by the Whitefield Live Well Centre and Family Hubs.

Use Council regeneration opportunities alongside Public Sector Reform to centre neighbourhoods as core assets for population health, continuing investment in parks, leisure, culture and libraries, emphasising community-led solutions.

Ensure that co-production runs throughout the design, implementation and evaluation of local prevention initiatives, as a mechanism for community engagement, and to make sure planned improvements meet the needs of the people they are intended to support. Record evidence and build in evaluation for at least 90% of initiatives.

In 2027/28, work with VCFSE partners to strengthen community prevention in priority neighbourhoods, broadening the influence and reach of Integrated Neighbourhood Teams and drawing from micro-commissioning funds to allocate tailored resource.

Enabling healthy lives and empowering individuals

Expand approaches that support healthy behaviours, such as improving health literacy, social prescribing, and understanding of the Live Well offer, and empowering Bury residents to manage their health and wellbeing.

Increase access to prevention programmes, screening and early intervention services for long-term conditions in neighbourhood venues, targeting support towards cohorts experiencing the greatest health inequalities.

Raise awareness and shared understanding of local assets amongst frontline staff, to ensure consistency in signposting, Making Every Contact Count (MECC), and person-centred support across the borough.

Target social isolation and mental wellbeing as a public health priority, with bespoke, evidence-led plans to connect people to their communities.

Conclusion

We recognise that we still have opportunities to strengthen the connection between our work on Live Well, neighbourhood leadership teams, integrated neighbourhood teams in health and adult care, and the neighbourhood model for children and families to further improve the outcomes for our population.

The next year gives us an opportunity to bind these pillars together, whilst continuing to work on programmes of care which will also support delivery of national goal and reform ambitions in the context of our Locality strategy.

By viewing health through the lens of building blocks, neighbourhoods and communities explored in this report, we recognise that one sole agency cannot address health inequalities alone. Instead, we must widen our reach and make a greater, more sustainable impact through strengths-based approaches with partners in our neighbourhoods to make a real difference to Bury together.



Jon Hobday

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
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)	• Developed and enhanced Bury's evidence-based Hot Food Takeaway Matrix as part of the Supplementary Planning Document programme. • Successfully supported the refusal of eight new hot food takeaway applications using robust public health evidence. • Expanded the matrix to include adult obesity and adult diabetes indicators, strengthening the health impact assessment of planning applications. • Embedded health considerations into planning processes to support healthier food environments and reduce obesity-related health inequalities.
Focus on decreased access and availability of harmful products at local level	• Strengthened local alcohol licensing processes through successful mitigation and negotiation with applicants, helping reduce risks associated with increased alcohol availability. • Enhanced the Alcohol Licensing Matrix by introducing children's alcohol harm indicators and separating on-licence and off-licence premises. • Applied robust public health evidence to inform formal licensing representations and Licensing Committee decision-making. • Supported a place-based approach to reducing alcohol-related harm by influencing licensing decisions and promoting healthier community environments.

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Promote healthier environments (continued)	
Adding children's social care markers to alcohol matrix	• Worked with Children's Services partners to incorporate children's social care indicators into the Alcohol Licensing Matrix. • Strengthened alignment with the licensing objective of Protecting Children from Harm by embedding safeguarding considerations within licensing assessments. • Improved the evidence available to support public health representations and Licensing Committee decisions. • Enhanced partnership working across public health, licensing, and children's services to support the prevention of alcohol-related harm affecting children, young people, and families.
Regulate harmful practices	
Collaborate with Greater Manchester authorities to address harmful advertising and sponsorship (e.g., alcohol, gambling)	• Established a local Gambling Harm Prevention Alliance and secured gambling levy funding to support coordinated prevention activity. • Delivered workforce upskilling and proposing a targeted programme to enable community-led gambling harm interventions. • Strengthened partnership working to address gambling harms through a whole-system prevention approach. • Collaborated with Greater Manchester's Commercial Determinants of Health Working Group, including scoping work on Minimum Unit Pricing (MUP) as a potential measure to reduce alcohol-related harm and inequalities.

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Regulate harmful practices (continued)	
Enforce licencing regulations as much as we can to limit the density of high-risk establishments (using our licensing matrix)	• Covered in "Promote healthier environments" recommendation updates
Review and potentially cease any links the local authority may have with the gambling industry	• It has been confirmed that the Council does not have links to the gambling industry
Empower communities and business	
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	• Influenced the use of Section 106 contributions to support investment in play areas, walking routes, cycling infrastructure, and other health-promoting community assets. • Shaped the Local Plan consultation to strengthen expectations around social value, health, and wellbeing within future developments. • Advocated for the inclusion of Health Impact Assessments (HIAs) and health-focused recommendations for developers. • Embedded public health principles within planning and regeneration activity, helping ensure growth delivers positive outcomes for communities and reduces health inequalities. • The Council's Business and Investment team have reached 100 businesses that have been engaged in the past year, through which the team share 'Bury Means Business' packs with WorkWell promotional material, becoming a disability confident employer, and workforce wellbeing advice.

Appendix 1: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Empower communities and business (continued)	
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 (continued)	• Bury Business Leaders Group (BBLG) is a collaboration between local business leaders and Team Bury, jointly committing to support the wider economic development of the borough. The group has 35 members, and this forum is used to promote employee wellbeing programmes and GM Good Employment charter. • Digital engagement is used to deliver health promotion to businesses, with topics ranging from WorkWell to Active Travel schemes. The B&I team's bulletin has over 1,300 subscriptions, with over 2,000 followers across Bury Means Business social media channels.
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	• In partnership with GM Good Employment Charter, the B&I team hosted an 'Empowering Employer' event in November 2025. This event provided the opportunity to share best practices in employee support and included stalls delivered by GMCA, In Work Progression, Work Well, GM Good Employment Charter and Disability Confident with the DWP. • Two Business Fairs have been delivered, as business-to-business events with over 45 stall holders and 200+ attendees • The Council was represented at the 'Best of North West' awards by the B&I team and WorkWell.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Empower communities and business (continued)	
Work with the recent commissioned employment programmes WorkWell and in Work Progression focus on the connection between work and health in particular supporting businesses to reduce sickness absence and assist with good health & wellbeing practice	• Entering the final stages of the In Work Progression (IWP) pilot, a preventative, early intervention programme that provides support for working residents who are in low paid, unstable working environments and helps them to progress towards good employment. So far, 200 residents have been supported. • WorkWell's pilot has now completed and is in the second stage of delivery. We supported over 580 residents through WorkWell (356 residents in the pilot, and 226 residents through current delivery) and have embedded the service with employers such as the Northern Care Alliance who integrate WorkWell offer as part of their employee wellbeing programme. • As part of wider Bury Works employment and skills provision through the Integrated Settlement, there is a commitment to reducing health inequalities by supporting people into work. This is exemplified through the Bury Works Neighbourhub, which integrates employment and skills with health and wellbeing initiatives, alongside services that address wider determinants of health such as housing support.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Advocate for systemic change	
Work with national bodies to advocate for tightening regulations on harmful products and marketing strategies	• Through leading of the GM Alcohol Alliance, we have developed plans on systematically advocating for key national policies which will limit the impact of harmful products, such as the introduction of minimum unit pricing (MUP).
Advocate for fair taxation of unhealthy commodities, e.g., minimum unit pricing, reinvesting revenue into public health initiatives	• Influenced the use of Section 106 contributions to support investment in play areas, walking routes, cycling infrastructure, and other health-promoting community assets. • Shaped the Local Plan consultation to strengthen expectations around social value, health, and wellbeing within future developments. • Advocated for the inclusion of Health Impact Assessments (HIAs) and health-focused recommendations for developers. • Embedded public health principles within planning and regeneration activity, helping ensure growth delivers positive outcomes for communities and reduces health inequalities.
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 (framework for local authorities to develop a consistent approach to managing commercial relationships in line with their values and principles)	• Bury has begun to embed a 'managing industry influence' approach within Council decision-making. Public Health has worked across Licensing, Planning and wider Council policy to ensure decisions affecting harmful products are informed by transparent population-health evidence. This includes the alcohol licensing matrix and Hot Food Takeaway Matrix/SPD, with work now extending into healthy advertising policy.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Advocate for systemic change (continued)	
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' framework	• In 2024 Bury became the first borough in Greater Manchester to achieve Sustainable Food Places Silver status. In 2026, we are proud to be going for Gold – the highest award level. Bury Food Partnership has created momentum aligning stakeholders across sectors, inspiring collective ownership, and turning ambition into meaningful change for our communities. • Bury has built an international reputation for leading the mission of Good Food for All – people, climate and nature, driven by the activity of our partners who share this vision. Through a fantastic range of activities, policy changes and promotions, from Right to Grow to organic food in school, Healthy Start transformation and free school meal autoenrollment, Bury is strengthening our food culture, into a borough where access to healthier, sustainable food is the norm, rather than the exception. The collective work of The Food Partnership and its members is now being put forward for consideration for the Sustainable Food Places Gold Award. • Supported Greater Manchester's Cross-Risk Factor Alliance by applying a harmful products approach across unhealthy food, alcohol, and gambling harms. • Successfully influenced planning and licensing decisions through evidence-based assessment tools, helping reduce access to products associated with poor health outcomes. • Strengthened local systems by establishing a Gambling Harm Prevention Alliance, enhancing workforce capability, and securing investment for targeted prevention activity.

Appendix 1 continued: Reflections on the 2024/25 Public Health Annual Report

Recommendations	Update
Advocate for systemic change (continued)	
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' framework (continued)	• Influenced planning policy, Section 106 investment, and Local Plan development to ensure health, social value, and prevention are embedded within future growth and regeneration. • Contributed to a whole-system prevention model that addresses the commercial determinants of health and supports the reduction of long-term health inequalities
Communication	
Develop champions and networks amongst local politicians and other partners beyond public health to drive action forward	• Bury continues to work with elected politicians to help share and promote healthy messages to drive action, primarily through a number of key advocates.
Review use of language in public health promotion. Lifestyle 'choices' and behaviour versus 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)	• Working with the GM CDOH group to develop and agree GM approach to framing language.
Develop materials for framing commercial determinants of health (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	• Working with the GM CDOH group to develop and agree GM approach to framing language.

Appendix 2: List of contributors

Bury Council:
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[32] Neighbourhood health framework - GOV.UK

[33] Supporting Neighbourhood Health: Public Health at the Heart of Healthier Places, Local Government Association

[34] Bury Best Start in Life Family Hubs and Childrens Centres -Universal Offer Timetable and other information

[35] Public Library Universal Health Offer | Inspire - Culture, Learning, Libraries

[36] South East libraries deliver millions in value through support for mental health and wellbeing - report | Libraries Connected

[37] Towards health equity: a framework for the application of proportionate universalism - IHE

[38] Atom Valley - Making a better tomorrow

Appendix 4: Image credits

Terrace Housing Image

https://commons.wikimedia.org/wiki/File:Terrace_housing_on_Gigg_Lane_-_geograph.org.uk_-_7649502.jpg

Terrace housing on Gigg Lane © Kevin Waterhouse / Geograph, licensed under CC BY-SA 2.0. Via Wikimedia Commons. Image cropped.

Fairfield General Hospital Image

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Radcliffe Primary Care Image

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Bury Council

Gambling Harms Prevention in Bury

Lee Buggie - Public Health Specialist



NHS Greater Manchester

What is the Gambling Levy

The statutory gambling levy was introduced in **April 2025**, replacing the previous voluntary funding system from gambling operators. It creates an independent and sustainable source of funding to reduce gambling-related harm across Great Britain.

The levy is collected by the Gambling Commission and is expected to generate around **£100-120 million per year** for gambling harm activity. [gov.uk], [england.nhs.uk], [gov.uk]

Area	% of Levy	Lead Organisation	Purpose
Treatment	50%	NHS England	Clinical treatment, recovery support and specialist services
Prevention	30%	Office for Health Improvement and Disparities (OHID)	Public health prevention, awareness, community programmes
Research	20%	UK Research and Innovation (UKRI) and the Gambling Commission	Independent research and evidence generation

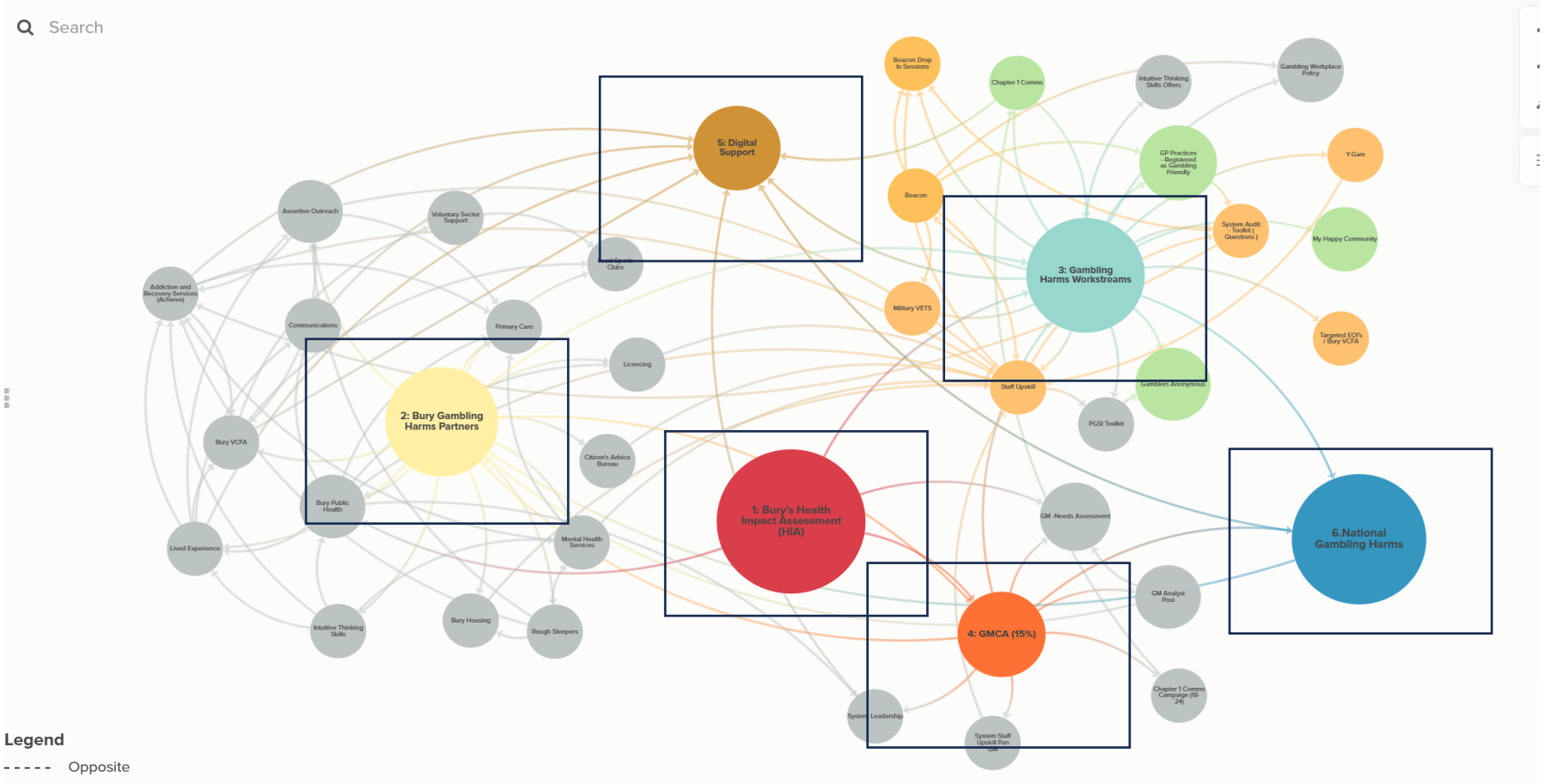
Gambling Burden locally

Using the most recent ONS estimate for Bury's population of 198,921 (2024), we can apply the England prevalence estimates to estimate the potential burden locally. [ons.gov.uk], [ons.gov.uk]

Calculations based on Bury population = 198,921.

Inequality Theme	Potential Impact of Gambling Harms
Deprivation	Gambling harms are often concentrated in more disadvantaged communities, exacerbating financial hardship and poverty.
Mental Health	Gambling harms are associated with anxiety, depression, stress and poorer wellbeing.
Financial	Can contribute to debt, rent arrears, food insecurity and reduced household resilience.
Families	Harms can affect family relationships, parental wellbeing and wider household outcomes.
Employment	Financial pressures and poor mental health may impact employment and productivity.
Suicide Prevention	Gambling-related harms can contribute to crisis situations and increased risk of self-harm and suicide.
Inclusion Health	Some vulnerable populations may experience barriers to accessing support and advice.

Bury's Gambling Harms, Digital "one stop shop"



The Health and Wellbeing Board is asked to:

- Champion gambling harms as a significant health inequalities issue.
- Advocate for gambling harms prevention within partner organisations and strategic plans.
- Cascade awareness through organisational networks and governance structures.
- Encourage all partner organisations to participate in workforce training and awareness activity.

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Health and Wellbeing Board Briefing: Gambling Harms Prevention in Bury

Lee Buggie - Public Health Specialist

Executive Summary

Bury has made strong progress in establishing the foundations of a whole-system prevention approach. A Gambling Harms Alliance has been established to provide strategic leadership and coordinate activity across partners. Early priorities include workforce development, public awareness campaigns, community engagement, improved referral pathways and the development of community grant funding to support locally led prevention initiatives.

The programme is increasingly aligned with wider priorities around financial resilience, mental wellbeing, suicide prevention, inclusion health and neighbourhood-based prevention. Opportunities are also being explored to develop a Bury Gambling Harms Workplace Charter, strengthen links with the Crisis Relief Fund and embed gambling harms within the Greater Manchester Live Well framework.

The Health and Wellbeing Board has a key role in championing gambling harms as a health inequalities issue, advocating for prevention across the system, and ensuring partner organisations contribute through leadership, workforce development and service delivery. Continued Board support will help maximise the impact of Levy-funded activity and ensure gambling harms prevention becomes embedded within Bury's wider ambition to reduce inequalities and improve wellbeing for all residents.

Purpose

To provide an update on Bury's progress in responding to the opportunities presented by the Statutory Gambling Levy and to seek continued system-wide support for gambling harms prevention.

Background

The Statutory Gambling Levy was introduced in April 2025, creating a sustainable funding mechanism for gambling harms prevention, treatment and research. Importantly, it recognises gambling-related harm as a public health issue rather than solely an individual responsibility, with dedicated investment available to support local prevention activity.

Gambling harms contribute to and exacerbate health inequalities. Evidence shows harms are disproportionately experienced by people living in deprived communities, those facing financial hardship, individuals with poor mental health, people affected by substance misuse, and vulnerable families. The consequences extend beyond gambling behaviour itself, impacting debt, housing stability, employment, relationships, wellbeing and, in some cases, increasing the risk of suicide.

These harms often compound existing disadvantage, making prevention a critical component of Bury's wider inequalities agenda.

Progress in Bury

Bury has made strong early progress in developing a whole-system prevention approach through the formation of the Gambling Harms Alliance, bringing together partners across health, local government, VCSE, education and community sectors to provide strategic leadership and coordination.

Current priorities include:

- Developing a borough-wide communications and awareness programme.
- Upskilling frontline staff to identify gambling harms, provide brief interventions and signpost support.
- Embedding gambling harms within wider prevention pathways, including wellbeing, financial inclusion and social prescribing services.
- Establishing community grant opportunities to support grassroots and neighbourhood-led prevention activity.
- Strengthening local intelligence and understanding of gambling harms across Bury.
- Exploring the development of a local digital information and support hub.

Future Opportunities

Further opportunities exist to integrate gambling harms prevention across the wider system, including:

- Development of a Bury Gambling Harms Workplace Charter, supporting employers to create healthier workplaces through awareness raising, training and early intervention.
- Stronger links with the Crisis Relief Fund, welfare advice and debt support services to identify residents at risk before harms escalate.
- Alignment with GM Live Well principles and hallmarks, ensuring gambling harms are recognised within broader prevention, community resilience and health inequalities work.

What the Health and Wellbeing Board Can Do

The Board is invited to:

- Champion gambling harms as a significant health inequalities issue.
- Advocate for gambling harms prevention within partner organisations and strategic plans.
- Cascade awareness through organisational networks and governance structures.
- Encourage all partner organisations to participate in workforce training and awareness activity.

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Agenda Item 11

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	10TH November 2026
Title of report:	Section 75 Deed Of Variation
Report by:	Hannah Dixon
Decision Type:	***Information***
Ward(s) to which report relates	**N/A**

Executive Summary:

The Better Care Fund (BCF) is required to be administered through a formal Section 75 Partnership Agreement between the Integrated Care Board and Bury Council. The Deed of Variation attached amends the existing Section 75 Agreement to reflect the agreed Better Care Fund arrangements for 2026-27.

In accordance with Bury Council's Constitution, authority to approve and enter into Section 75 Partnership Agreements and any subsequent Deeds of Variation relating to Better Care Fund arrangements, is delegated to the Director of Adult Social Services..

Recommendation(s)

That: The board receives the information relating to the S75 deed of variation.

Key considerations:

Introduction/ Background: N/A

Key Issues for the Board to consider: N/A

Community impact/links with Community Strategy N/A

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.*
N/A	

**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:

Revised Model Section75 Agreemer

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

Term	Meaning

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