

# Health inequalities update

Health Scrutiny September 2024

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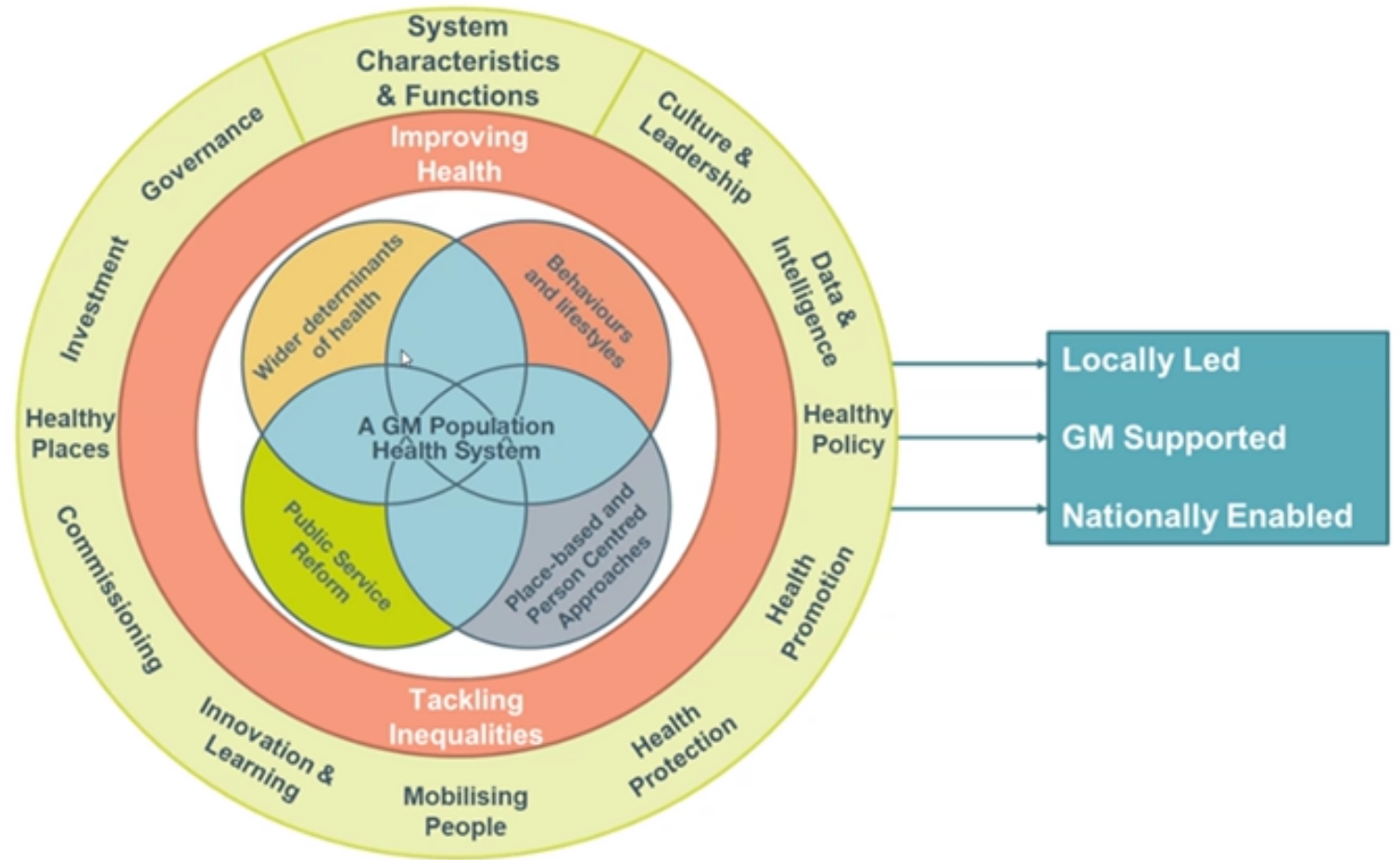
LET'S Do It!

Presented by Jon Hobday, Director of Public Health

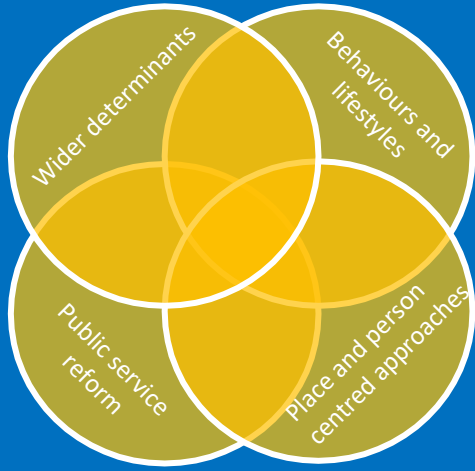
Prepared by Dr Steven Senior, Consultant in Public Health

# Context

GM Population Health Model



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## Bury's approach to date

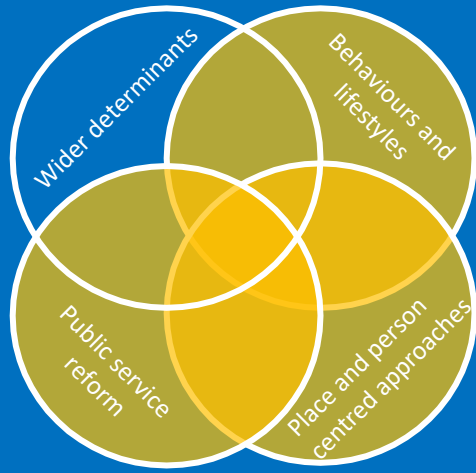
Developed a LET'S Do It corporate strategy which is focused on addressing inequalities

Developed Health and Wellbeing Board as a standing commission to address health inequalities

Developed the health inequalities position paper

Developed a performance framework for the health and wellbeing board which measures our progress against inequalities

Delivered a range of work across all 4 quadrants



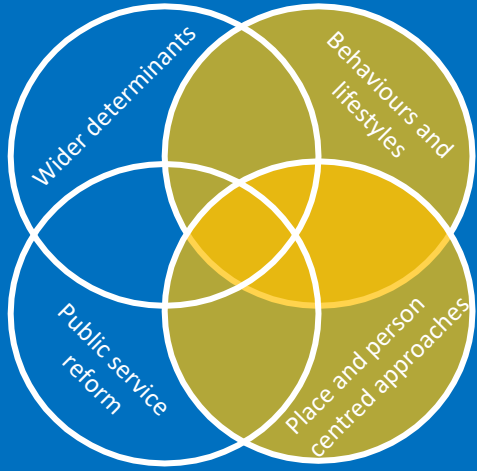
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## Alcohol licensing matrix

- Alcohol is a major cause of illness and violent crime. Alcohol-related deaths have been increasing sharply since the start of the COVID-19 pandemic. **In Bury, cirrhosis and liver disease is the biggest single cause of the gap in life expectancy for women.**
- Evidence exists that area-level action to reduce the availability or density of alcohol outlets can reduce alcohol-related harm.
- The Council has developed an alcohol licensing matrix that shows various alcohol harms by area. This can be used to inform representations to licensing applications.
- One recent success has been challenging application from ASDA to offer 24/7 alcohol sales – ASDA changed their application to sell alcohol up to midnight only following objections which drew on the licensing matrix.

## Swap to stop



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- Smoking remains the biggest behavioural cause of death and a major contributor to the gap in life expectancy. Smoking kills more than half of long-term smokers.
- Smoking rates are low and falling nationally but remain higher among people living in deprived areas, working routine and manual occupations, and those living with severe mental illness.
- For those unable to stop smoking altogether, switching to vapes can help. The 'swap to stop' programme offers starter kits to help people stop smoking tobacco.
- Regular outreach (bookable appointments and drop ins) are being held at 13 locations throughout Bury, focusing on places with higher smoking rates, higher deprivation, and patients with severe mental illness.

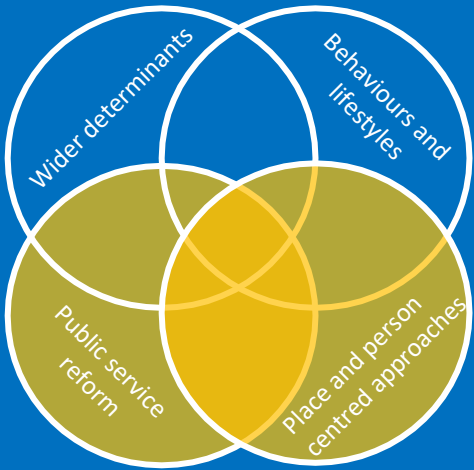
# Supporting childhood immunisations



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- Two ongoing epidemics of vaccine-preventable disease (measles, whooping cough).
- Childhood immunisations are the responsibility of NHS England under the NHS Act (2006). Commissioned by a single GM team.
- Close working between council public health and NHS GM (both local and GM teams) to ensure public health advice on promoting uptake and reducing inequalities.
- £140,000 funding transferred from NHSE to Bury Council to commission catch up clinics.
- Catch up clinics commissioned from Bury GP Federation and Huntley Mount Medical Centre (on behalf of Bury Primary Care Network).

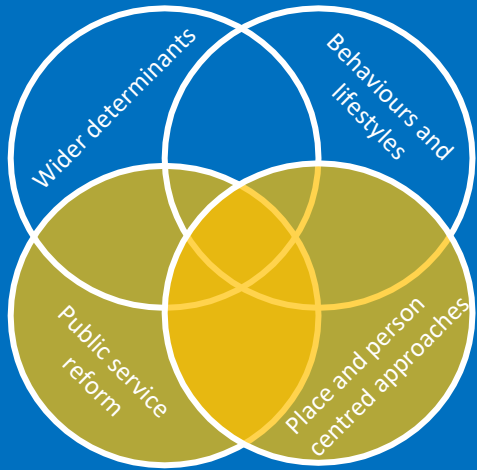
# Supporting childhood immunisations



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- Bury PCN clinics combined MMR vaccine catch up with other childhood immunisations vaccines, adult vaccines for carers, health checks and cervical cancer screening.
- Run by GP practice manager well connected to local community, staff fluent in local languages, pro-active approach to invites and reminders.
- So far: over 500 MMR vaccinations, 324 other childhood vaccines, 26 adult vaccines, 254 other health checks and screening, including for some patients with severe mental illness or learning disability.

# Supporting childhood immunisations



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Deprivation decile	%
1 (most deprived)	38%
2	26%
3	24%
4	6%
5	
6	2%
7	0.5%
8	3%
9	0.3%
10 (least deprived)	0.1%

Ethnicity	%
Asian or Asian British	37%
Black or Black British	13%
White	26%
Mixed	8%
Other ethnic groups	15%
Unknown	1%



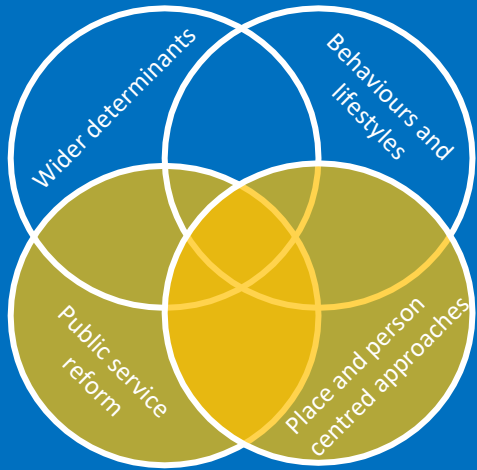
# Reducing coronary heart disease



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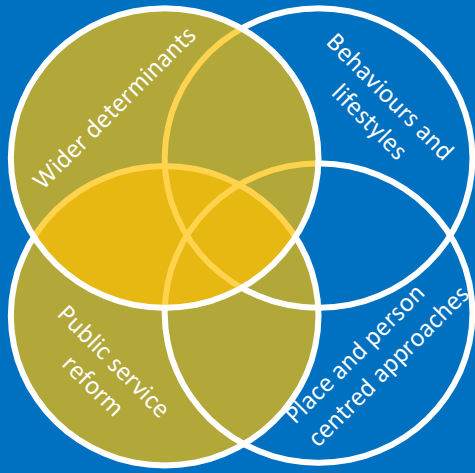
- Coronary heart disease is one of the leading causes of death and of the gap in life expectancy in Bury.
- Responding to data showing higher than normal deaths from coronary heart disease (CHD) at the end of 2021 following the acute phase of COVID-19.
- Developed a framework for preventing illness through better diagnosis, better care, and tackling barriers.
- Worked closely with Bury primary care team to put incentives in place to maximise check-ups and management (e.g. blood pressure, cholesterol).
- Set as one of two priorities for every neighbourhood (alongside neighbourhood-specific priorities).

# Reducing coronary heart disease



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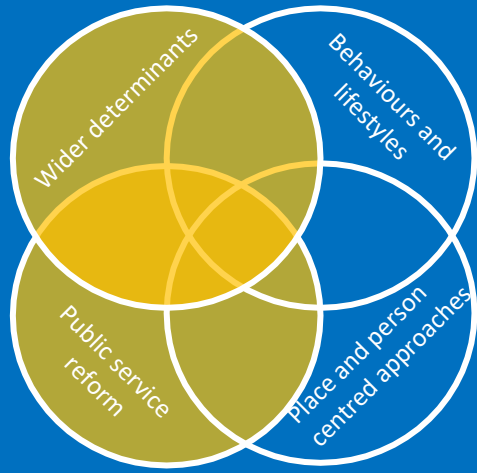
PCN	% of CHD reviews completed In 2022/23	% CHD reviews completed in 2023/24	Increase in reviews completed March 23 - March 24	Change March 23 - March 24
Bury	29%	73%	636	+44%
Horizon	51%	74%	719	+23%
Prestwich	27%	80%	541	+53%
West	22%	54%	313	+32%
<b>Total</b>	<b>38%</b>	<b>72%</b>	<b>2209</b>	<b>+34%</b>



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## Working well vanguard

- According to [GOV.UK](https://www.gov.uk), *“WorkWell funding will give Vanguard Partnerships the capacity to join up the work and health landscape at local level, bringing together various existing work and health initiatives and assets together under one coherent strategy.”*
- *“WorkWell Vanguard Service will provide evidence-based, low intensity work and health assessments that support individuals with their low-level occupational health needs and to overcome barriers to work.”*
- Emphasis is on those in work but where poor health is a risk to their ability to work. Focus on **mental illness** and **musculoskeletal problems** – the most common causes of illness-related worklessness.
- Funding via ICBs. GM’s model was used as an example in the national guidance.



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## Greater Manchester's Working Well Early Help (WWEH)

### Scope

- Supported recently unemployed individuals with a health condition or disability, or those on medical leave, to return to sustained employment, with a direct pathway for participating GP practices to refer in patients in receipt of a fit note.

### Model

- Health-led early intervention with personalised, holistic support to address barriers to employment through two pathways:
- Light-touch advice service for in-work participants at large organisations with employer Occupational Health (OH) support, including guidance on planning and self-help tools, and signposting to wider services
- More intensive six-month support service for SME, self-employed, or recently unemployed participants:
- Vocational Rehabilitation Workers (VRCs) assess participant needs and work with them to develop bespoke return-to-work plans. VRCs provide some non-clinical support elements (e.g. coaching and motivation/confidence building), and can refer directly to health support (e.g. physiotherapy, CBT) as well as coordinating support from the wider Greater Manchester ecosystem of health, employment, training and wellbeing services (e.g., debt advice, foodbanks, CV and interview preparation)